

## South Carolina Aquarium Shadow Program 2012

Dear Parents,

Experience is always a great way to open a young person's eyes and spark new interests. To offer young adults a glimpse into the Aquarium world, the South Carolina Aquarium offers a shadow program for students in grades 6 to 12. In this program your child will have the opportunity to observe some of the jobs that keep an Aquarium humming – like aquarist, educator or mammal behaviorist. This program will allow students to see what happens in a day at the Aquarium and gain some insight into an area of work they might want to pursue. **The shadow program will be offered on three dates, October 10, 2011 (Columbus Day), February 2, 2012, and February 20, 2012 (President's Day).** These are days that most schools are not in session or commonly requested dates to shadow and therefore students would not miss school responsibilities.

To apply, students must:

- 1) Complete the form on the reverse side of this letter.
- 2) Write a 300-word essay describing why they are interested in participating and what they hope to gain from their time at the Aquarium.
- 3) Secure a letter of recommendation from an adult, non-family member, preferably a current teacher.
- 4) Submit the form, the essay and the recommendation in an envelope to:

Shelley Dearhart  
Education Department  
South Carolina Aquarium  
100 Aquarium Wharf  
Charleston, SC 29401

**Deadlines for submitting applications are October 4 for the October 10 Shadow Day, January 22 for the February 2 Shadow Day, and February 14 for the February 21 Shadow Day.** We will contact parents by phone or email **after the deadline** to inform you whether your student has been accepted to participate in the program. At that time we will provide specifics about the Shadow Day (time, activities, etc.) If you have questions, please contact Shelley Dearhart at [sdearhart@scaquarium.org](mailto:sdearhart@scaquarium.org) or (843) 579-8567.

Sincerely,  
Shelley Dearhart

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## Application Form

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Telephone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Are you a current member of the South Carolina Aquarium? \_\_\_YES \_\_\_NO