



High School Intern Program

Student Application

Applications due November 11, 2011 by 5:00 p.m.

Complete and Mail To: Education Department, High School Intern Program
South Carolina Aquarium, 100 Aquarium Wharf, Charleston, SC 29401

Name: _____ Sex: Male Female
Date of Birth: _____ Age: _____ Grade: _____
Home Address: _____ Home Phone #: _____
City: _____ State: _____ Zip Code: _____
Cell Phone # _____ E-mail Address: _____
Name of High School: _____
Name of Parent or Guardian: _____
Home Phone #: _____ Work Phone #: _____

- Do you qualify for the "free lunch" or "reduced lunch" program at your school? (Students must qualify for free or reduced lunch to be accepted into this program. Your answer will be kept confidential.) Yes No
- Can you get transportation to and from the Aquarium? Yes No
- Can you provide your own lunch during the training classes? Yes No
- Do you have any allergies or medical conditions? Yes No
If yes, what are they: _____

- Do you take any prescription medications? Yes No
If yes, what are they and how often do you have to take them: _____

Emergency contact in case parent/guardian cannot be reached:

Name: _____ Relationship: _____
Home Phone #: _____ Work Phone #: _____
Cell Phone # _____ E-mail Address: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____

