



Student Application

Applications due November 6, 2020 by 5:00 p.m.

Complete and mail to:

Ashley Zalabak, High School Intern Program, South Carolina Aquarium,
100 Aquarium Wharf, Charleston, SC 29401

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

- Do you qualify for the “free lunch” or “reduced lunch” program at your school? Your answer will be kept confidential. ___ Yes ___ No
- Can you legally work in the United States? ___ 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, please explain: _____

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

