



DOLPHIN QUEST®

Marine Scholar Program Application

Applicant Info:

Name: _____ Age: _____ Date: _____

School: _____ Grade: _____ Birthday: _____

Student Email: _____ Student Phone: _____

Address: _____ City: _____ Zip: _____

Can you commit to 80 hours onsite during the school year? Yes No

What is your swimming comfortability? None Beginner Intermediate Swim Team/Advanced

Create Short Video (2-5 min) Answering the Following Prompts:

- A. Introduce yourself including 3 words that describe you and why you chose them
- B. Explain what you hope to gain from participating in this program
- C. Describe a time you made a positive impact in your community
- D. Tell us how you feel about the value of zoos and aquariums

To Be Completed by a Parent or Guardian

I approve that my child can apply to Dolphin Quests Marine Scholar Program and can confirm the information filled out on this application is accurate.

Parent Email: _____ Parent Phone: _____

Parent Name: _____ Parent Signature: _____

To Complete Your Application, Send the Following to Aboss@dolphinquest.com

- A. A copy of this application
- B. Video interview
- C. A copy of students' most recent academic record (does not have to be an official transcript)

***Applications are accepted from May 1- September 1. Selected applicants will begin shifts in October.**