



AMERICAN MARITIME ACADEMY

For Entrance in: Fall 20\_\_\_\_  
Spring 20\_\_\_\_

APPLICATION FOR ADMISSION

PLEASE PRINT OR TYPE

Name in Full \_\_\_\_\_  
Last name First Middle

Home Address \_\_\_\_\_  
Street/Box No. Town State Zip

What state does applicant claim as legal residence?

Mailing Address \_\_\_\_\_  
( if different from home address )

Social Security Number \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

e-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_

Citizenship: US \_\_\_\_\_ Other \_\_\_\_\_ (country )

List chronologically all secondary schools and colleges attended:

High School/College	City/State	Dates Attended

Guidance Counselor \_\_\_\_\_  
(name) (telephone)

Note: Transfer students must include official transcripts of all college work.

What other schools and/or service academies have you applied to? \_\_\_\_\_

Please list any relatives who have graduated from a maritime college:

Name	Relation	Maritime College	Graduation Year

Have you ever been convicted of a felony/ felonies ? \_\_\_\_ No \_\_\_\_ Yes

If YES, include date(s) and offense(s) \_\_\_\_\_

How did you first learn about American Maritime Academy? \_\_\_\_\_

Briefly outline your career objectives: \_\_\_\_\_



AMERICAN MARITIME ACADEMY

FAMILY INFORMATION

Father

Mother

Full Name	_____	_____
Business Phone	( ) _____	( ) _____
Home Phone	( ) _____	( ) _____
Cell Phone	( ) _____	( ) _____

EMERGENCY CONTACT INFORMATION

Full Name	_____
Street Address	_____
Town/City	_____
State	_____ Zip Code _____
Business Phone	( ) _____
Home Phone	( ) _____
Cell Phone	( ) _____



AMERICAN MARITIME ACADEMY

For those under 18 years of age: must be completed by parent or parents responsible for the applicant.

DECLARATION OF CONSENT AND RESPONSIBILITY BY PARENTS OR GUARDIANS OF APPLICANT

I, (we) \_\_\_\_\_ residing in \_\_\_\_\_ State of \_\_\_\_\_ do hereby declare that \_\_\_\_\_ is our son/daughter

or ward and that he/she has no other legal guardian; that he/she was born on \_\_\_\_\_, at \_\_\_\_\_. that he/she has our consent and it is our desire to have him/her enter American Maritime Academy, and that no coercion has been used to induce him/her to make the above application ; and we hereby consent and desire that he/she shall be subject to all rules, regulations, and discipline that may be from time to time inaugurated for the government of the Academy and that we will, together with my son/daughter be responsible, jointly and severally, for all financial obligations to American Maritime Academy incurred while in attendance. Further, we the undersigned understand that if we do not meet our financial obligations, American Maritime Academy may report this account to a national credit bureau and/or collection agency and we may be responsible for any collection agency fees and/or any costs of litigation in addition to any outstanding American Maritime Academy balance.

In consideration of the undertaking by the Admissions Office to process this application for admission, the undersigned agree and confirm their understanding that the information contained herein and any other supporting information furnished on behalf of this application shall be retained in the Academy files and shall be available for inspection in accordance with the provisions of the Family Educational Records and Privacy Act of 1974 as amended.

\_\_\_\_\_  
Father's Signature (or Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

I agree that I will be responsible for all financial obligations to the American Maritime Academy incurred by me or in my behalf. I understand that if I do not meet my financial obligations American Maritime Academy may report this account to a national credit bureau and/or collection agency and I may be responsible for any collection agency fees and/or costs of litigation in addition to any outstanding to any outstanding American Maritime Academy balance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Need not be completed

OPTIONAL CERTIFICATE OF WAIVER OF ACCESS RIGHTS

In accordance with the provisions of the Family Educational Records and Privacy Act of 1974 as Amended, the undersigned applicant voluntarily relinquishes his/her right of access to letters of recommendation submitted with the requirements for admission, in the event he/she is admitted to American Maritime Academy, and as a student applies for access to the file held in his/her name.

The undersigned certifies by his/her signature that he/she has made this waiver in order to facilitate an objective evaluation of his/her character and potential as a student at American Maritime Academy and that he/she is aware this waiver is no way executed as a requirement of admission or the granting of any financial aid.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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## AMERICAN MARITIME ACADEMY

### POLICY STATEMENT

It is the policy of the American Maritime Academy that no discrimination on the ground of race, sex, age, creed, color, veteran's status or national origin will exist in any area of the Academy. This policy of nondiscrimination is applicable to both the admission of students and employment in all aspects of the Academy's operation. The Academy's policies are guided by, but not limited to, the requirements of the Federal Executive Orders 11246 and 11375, as amended: Titles VI and VII and the Civil Rights Act as amended, the Title IX of the Higher Education Act of 1972.

The Academy subscribes to all provisions of Section 504 of the Rehabilitation Act of 1973 pertaining to admission and hiring of the handicapped.

Any student or employee or person seeking admission or employment deeming him or herself to have been the object of discrimination on any grounds cited above may appeal for redress to the Academy Director of Human Resources Management, who has been designated as Director, Equal Opportunity Compliance. A direct appeal may be made to the Secretary of Education, Washington, D.C.