

Class Afloat



YOUR PASSPORT TO EDUCATION

Since 1984

APPLICATION PACKAGE

CHECK LIST:

- A completed application form
- Application fee made payable to Class Afloat to be forwarded with your completed application form
- Two personal reference forms
(to be completed and returned to our offices by the referees)
- A one page essay
(maximum 300 words)
- A completed medical form
(to be completed and returned to our offices by your physician)
- A certified lifeguard's attestation that the candidate can swim 200 metres followed by 20 minutes of treading water
- A copy of report cards from grade 10 to present
(including current term report card)

- Optional:
- Scholarship (essay and resume)
 - Financial Aid

PLEASE NOTE:

A complete application includes the above-noted items



WEST ISLAND COLLEGE INTERNATIONAL CLASS AFLOAT - ÉCOLE EN MER

97 Kaulbach Street, P.O. Box 10, Lunenburg, Nova Scotia, Canada B0J 2C0
Telephone: 902-634-1895 Fax 902-634-7155
www.classafloat.com



APPLICATION FOR ADMISSION - FORMULAIRE DE DEMANDE D'ADMISSION

1. Student / Étudiant

Surname / Nom de famille: _____ Given Names / Prénoms: _____

Address / Adresse: _____ Gender / Sexe: M
 F

Tel. / Tél.: () _____ Fax / Téléc.: () _____ Date of Birth / Date de naissance: _____ / _____ / _____
M / M D / J Y / A

Email / Courriel: _____

Year applied for / Année d'admission: _____ Grade applied for / Niveau d'admission: _____ Present Grade / Niveau scolaire actuel: _____

1st Semester / 1^{er} Semestre 2nd Semester / 2^{ième} Semestre Full Year / Année Complète

Present School / École actuelle: _____

School Address / Adresse de l'école: _____

Guidance Counselor's Name / Nom du conseiller d'orientation: _____ Tel. / Tél.: () _____ ext. _____

2. Mother / Mère

Father / Père

Maiden Name: _____
Nom de famille à la naissance

Name: _____
Nom:

Address / Adresse: _____
(if different from the student's / si différente de celle de l'étudiant)

Address / Adresse: _____
(if different from the student's / si différente de celle de l'étudiant)

Tel.: (Home / Rés.) () _____

Tel.: (Home / Rés.) () _____

Tel.: (Office / Bureau) () _____

Tel.: (Office / Bureau) () _____

Fax / Télécopieur: () _____

Fax / Télécopieur: () _____

Email / Courriel: _____

Email / Courriel: _____

Occupation: _____

Occupation: _____

Employer / Employeur: _____

Employer / Employeur: _____

3. Referee / Répondant

Please supply the name of an individual from whom we may request a personal reference for the student.
Veillez soumettre le nom d'un répondant qui pourrait nous fournir une référence personnelle pour l'étudiant.

Referee's Name / Nom du répondant: _____

Address / Adresse: _____

Tel. (Home / Rés.): () _____ Tel. (Office / Bureau): () _____ Fax / Télécopieur: () _____

Relationship to Student / Lien à l'étudiant: _____



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4. General Information / Informations générales

Family Physician / Médecin: _____ Address / Adresse: _____

Tel. / Tél.: () _____ Student's Citizenship / Citoyenneté de l'étudiant: _____

We heard of Class Afloat via / Nous avons découvert l'École en Mer par: _____

5. Procedures / Procédures

- A. A non-refundable application fee, and a copy of the applicant's most recent report card must accompany this completed application.
Une copie du plus récent bulletin scolaire, ainsi que les frais d'inscription (non-remboursables) doivent accompagner cette demande d'admission.
- B. It is understood that if the applicant is admitted to Class Afloat, I / we undertake, jointly and severally, to be responsible for all financial obligations as delineated in the schedule of fees.
J'indique / nous indiquons, par la présente, que si le / la candidat(e) identifié(e) sur cette demande d'admission sera admis(e) au programme "École-en-mer", j'accepte / nous acceptons de rencontrer les obligations financières et de respecter l'horaire des versements présentés dans le prospectus.
- C. I / We give Class Afloat the right to contact the persons identified in these application documents and verify the accuracy of the statements made therein.
J'autorise / nous autorisons "École-en-mer" à contacter les noms paraissent dans ces documents d'admission.

Signed / Signé: _____ Date: _____



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PERSONAL REFERENCE REPORT

APPLICANT'S NAME _____

Referees may not be family or peers and ideally teachers, employees, coaches or those who have observed the candidate in a position of responsibility.

THE ABOVE NAMED STUDENT is applying for admission to Class Afloat. Since so many of our applicants present strong credentials for admission, a detailed recommendation from you, offering specific information about the accomplishments, qualifications and suitability of the applicant, will be most helpful to the Admissions Committee.

Your candid assessment of the applicant's personal qualities will be seriously considered. If necessary, feel free to use additional sheets of paper or simply attach this form to a letter.

To assist you in your task, we have provided below a number of considerations relevant to the Class Afloat program. To the extent with which you feel qualified to do so, please address as many of the following as possible. All information will be kept in strictest confidence.

Please check the appropriate column. If unable to assess a given characteristic, please leave the space blank.

PERSONAL QUALITIES	Poor	Fair	Good	Excellent	Exceptional
Energy and enthusiasm					
Sense of humour					
Emotional maturity					
Self-confidence					
Self-discipline					
Ability to accept and exercise responsibility					
Initiative and tenacity					
Consideration for others					
Tolerance					
Reliability					
Reaction to adversity					
Respect for rules and authority					
Openness to new ideas					
Leadership skills / Ability to take charge					
Ease with peers					
Acceptance by peers					
Self-care and personal hygiene					
Warmth of personality					
Honesty					



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PERSONAL REFERENCE REPORT

TASK PERFORMANCE - WORK HABITS	Poor	Fair	Good	Excellent	Exceptional
Ability to follow directions					
Diligence / Ability to complete tasks					
Ability to resolve practical problems					

In your opinion, what would be the candidate's:

a) greatest weakness?

b) greatest asset / strength?

It is often difficult to accurately assess the suitability of a candidate on the basis of the information received. To better illustrate the uniqueness of this candidate, please describe an event or a specific incident which highlights the personality and aptitudes of the student.

Name: _____ Signature: _____

Relationship to student: _____ Date: _____

Tel.: () _____ Email: _____



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Diligence / Ability to complete tasks					
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Name: _____ Signature: _____

Relationship to student: _____ Date: _____

Tel.: () _____ Email: _____



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APPLICANT'S MEDICAL REPORT

DOCTOR: PLEASE COMPLETE THIS FORM BEING CAREFUL TO PROVIDE ALL THE DETAILS REQUESTED. IF YOU REQUIRE MORE SPACE, PLEASE USE A SEPARATE SHEET OF PAPER BUT REMEMBER TO DATE AND SIGN IT. UPON COMPLETION OF THE FORM, DATE, SIGN AND SEND IT TO THE CLASS AFLOAT OFFICE.

Students will spend approximately six months at sea which includes travel to tropical and sub-tropical regions.

The applicant is being considered for Admission to Class Afloat, an outstanding educational programme for senior high school students aboard a tall ship. Students are required to serve as crew and must be capable of strenuous physical exercise such as laying aloft, hauling on heavy lines and participating in a daily fitness routine. During land excursions, many adventure-based activities will occur such as back-packing, snorkelling, camping, jogging, etc

During this time at sea students may be as far as 10 days travel to the nearest medical facility or medevac service.

SECTION I. APPLICANT

Surname Given Names

Date of Birth: _____
(day) (month) (year)

SECTION II. MEDICAL HISTORY

1. a) Height: _____ m _____ cm b) Weight: _____ kg c) Blood Type: _____
_____ ft. _____ in. _____ lbs
(ABSOLUTELY REQUIRED)

2. **Has the applicant, in the past three years, consulted a doctor, had or sought advice for:**
(give details for all 'Yes' answers - dates, durations, treatments, names of Doctors, Hospitals)

		YES	NO	If yes, provide details / dates
A	dizzy spells, epilepsy, nervous disorder or mental disorder?			
B	asthma, bronchitis, lung problems?			
C	high blood pressure, pain in chest or difficulty with the heart or blood vessels?			
D	ulcer, liver disorder, colitis or any complaint of the digestive organs?			
E	arthritis, rheumatism?			
F	joint or bone disorder, back or knee problem?			
G	diabetes or sugar in urine?			
H	gout or enlarged glands?			
I	urine, kidney or bladder disorder?			
J	anemia, bleeding or blood disorder?			
K	difficulty with eyes or ears?			
L	eating disorders?			
M	difficulties related to menstruation?			
N	sleeping disorder?			



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APPLICANT'S MEDICAL REPORT

SECTION II. (CONT'D)

3. In the past three years has the applicant:

		YES	NO	DETAIL IF REQUIRED
A	had surgery, injuries or been treated in a hospital?			
B	been absent from school for more than five consecutive days due to illness or injury?			
C	been referred to or sought psychiatric care?			

		YES	NO	DETAIL IF REQUIRED
4.	Is the applicant presently under medical treatment by diet, medicine or other means?			
5.	Has the applicant ever been treated for alcohol or drug abuse?			
6.	Is the applicant allergic to any medicine or treatments, oral or topical?			

7. Has the applicant consulted a doctor, had or sought advice for:

		YES	NO	DETAIL IF REQUIRED
A	behavioural abnormalities?			
B	Attention Deficit Disorder (ADD)?			
C	Attention Deficit Hyperactivity Disorder (ADHD)?			
D	eating disorders? Such as anorexia, bulimia.			
E	obsessive compulsive disorders?			
F	learning disabilities?			
G	self-injury behaviour?			
H	counselling for physical, emotional or sexual abuse?			
I	anxiety disorders? Such as acute stress disorder.			
J	mood disorder? Such as manic depression.			
K	schizophrenia or other psychotic disorders?			
L	substance related disorder?			
M	Is the applicant presently under medical treatment by diet, counselling, medicine or other means for the above mentioned?			
N	Has the patient ever been supported for physical, psychological or other issues not mentioned above?			

In the context of the information provided directly above, I _____ (doctor's name) certify this applicant is medically suitable to a tall ship environment, with his/her current condition and treatment program, where there are no medical or counselling services available for the above mentioned disorders or illnesses. In addition, the applicant is able and willing to self-medicate for the entire duration of the trip.



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APPLICANT'S PROFILE FOR FINANCIAL AID

Please note that all of the information provided by the applicants shall be kept in the strictest confidence and shall not be shared with anyone outside of the Committee hearing such requests.

I. Applicant's Information

Academic Year Applied for: _____ Semester Applied for: First Second Full year

Surname: _____ Given Names: _____

Address: _____ Gender: M
_____ F

Postal Code/Zip: _____ Date of Birth: _____ / _____ / _____

Tel.: () _____ Fax: () _____ Email: _____

II. Applicant's Projected Resources

Estimated dollar amounts of resources for academic year:

Amounts are reported in US CDN Euro (Please check one)

a) From parents, custodial parent \$ _____

f) From state scholarship program \$ _____

b) From non-custodial parent \$ _____

g) From trust fund \$ _____

c) From relatives and friends \$ _____

h) From other sources \$ _____

Explain: _____

Explain: _____

d) From estimated student earnings \$ _____

e) From student savings or assets \$ _____

TOTAL (a to h) : \$ _____

III. Family Financial Section

Student Information

1) Give details of your assets Current Value Source (e.g. parents savings, gifts from other relatives, earnings, etc.)

Cash and Savings \$ _____

Uniform Gifts to Minors \$ _____

Stocks, Bonds, Investments \$ _____

Other Assets (car, real estate, single premium life insurance, etc.)

Asset	Purchase Price	Date of Purchase	Current Value	Amount Owed
_____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____

2) Are you the beneficiary of any trust(s)? Yes No

Established By _____ Year _____ Total Value \$ _____

Type of Trust _____ Terms of Distribution _____



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APPLICANT'S PROFILE FOR FINANCIAL AID

III. Family Financial Section (cont'd)

Family Information

Are your parents separated or divorced? Yes No

(If yes, please have this section completed and signed. If no, please proceed to the next section, titled DEPENDENTS).

1) Non-custodial parent:

Name _____ Date of Separation _____

Address _____ Date of Divorce _____

Home Phone () _____ Has either parent remarried?

Office Phone () _____ Mother? Yes No When? _____

Fax () _____ Father? Yes No When? _____

E-mail _____ Date Student's Child Support Ends _____

Occupation _____

Total income from all sources \$ _____

Signature of non-custodial parent _____

2) Dependents:

List all those in your household dependent upon and / or supported by your parent(s). Include yourself, your parent(s) or your custodial parent and step-parent if your parents are divorced, your brothers and sisters and other relatives. Attach a separate sheet if necessary. Be sure to enter data on brothers and sisters in private school.

Full Name	Age	Name of Present School	Present Grade	Total Scholarships and Grants (All Sources)	Parents' Contribution

Full Name	Name of School Attending Next Year	Full-time (Y/N)	Live at School (Y/N)	Claim as tax exemption last year or in current year (Y/N)

Indicate assets, if any, in excess of \$1000, including trusts, held in the names of brothers or sisters in the household.

Assets	Total Value	Child's Name
_____	\$ _____	_____
_____	\$ _____	_____



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APPLICANT'S PROFILE FOR FINANCIAL AID

III. Family Financial Section (cont'd)

3) Custodial Parent(s) Information:

FATHER
 STEPFATHER
 GUARDIAN
 OTHER

 MOTHER
 STEPMOTHER
 GUARDIAN
 OTHER

Name _____	Name _____
Employer _____	Employer _____
Title / Position _____	Title / Position _____
Years with current employer _____	Years with current employer _____
Total income from all sources \$ _____	Total income from all sources \$ _____

Do you own any family vehicles (including cars, recreational vehicles, boats, aircrafts, trucks, etc.)? Yes No

Type	Make / Model	Year	Year of Purchase	Purchase Price
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Does the student have primary use of one of the vehicles listed above, including shared use with another sibling?

Yes No (if yes, please indicate which one) _____

Is either parent a beneficiary of a trust? Yes No (If yes, complete the following:)

Established By _____ For _____ Year _____
 Type of Trust _____ Terms of Distribution _____
 Total Value \$ _____

Primary Residence:	Date Purchased	Purchase Price	Market Value	Outstanding Mortgage
	_____	\$ _____	\$ _____	\$ _____

Other Real-Estate (Attach sheet if necessary)

Type	Date Purchased	Purchase Price	Market Value	Outstanding Mortgage
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Statement of Understanding

I / We understand that information provided on this and other documents may be shared with the applicant, agencies from which we are requesting aid, colleges in which other family members are enrolled, and donors if aid is offered and accepted. I / We certify that all the information presented is correct at this time and that we will send timely notice of any significant change in our family situation, in family income or assets, in the school plans of other children or upon the receipt of other scholarships or grants.

Signature of parent or guardian _____
 Signature of student applicant _____
 Date _____

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