



# Application Form

*To ensure adequate planning and coordination, applications must be submitted a minimum of 60 days prior to your desired visit date. Applications will undergo a review process, and decisions regarding financial and travel support will be made accordingly. Upload and submit completed applications to [bit.ly/phexplorer](https://bit.ly/phexplorer).*

**INSTRUCTIONS: PLEASE PRINT OR TYPE ONLY, FILL IN ALL SECTIONS THAT APPLY. SECTIONS WHICH DO NOT, ENTER "N/A"**

## School Information

SCHOOL OR ORGANIZATION NAME

STREET ADDRESS

CITY

STATE

ZIP

ISLAND

SCHOOL/ORG PHONE NUMBER

SCHOOL/ORG EMAIL

PRINCIPAL FIRST & LAST NAME

PRINCIPAL EMAIL

WHAT PERCENTAGE OF YOUR STUDENTS ARE TITLE I STATUS?

☐ BETWEEN 0 - 20%   ☐ Between 21 – 40%   ☐ Between 41 – 60%   ☐ Between 61 – 80%   ☐ Between 81 – 100%

## Educator Information

PRIMARY EDUCATOR FIRST & LAST NAME (MUST BE PRESENT AND ON-SITE THROUGHOUT PROGRAM)

PRIMARY POC EMAIL

PRIMARY POC PHONE (CELL PREFERRED)

SECONDARY EDUCATOR FIRST & LAST NAME (MUST BE AVAILABLE FOR EMERGENCIES)

SECONDARY POC EMAIL

SECONDARY POC PHONE (CELL PREFERRED)

## In Case of Medical Emergencies

IN THE EVENT OF A MEDICAL EMERGENCY WHICH REQUIRES A STUDENT OR STUDENTS TO RETURN BACK TO THEIR SCHOOL, TWO ADULTS\* MUST ACCOMPANY THE STUDENT(S) THROUGHOUT THE RETURN TRIP. THE DESIGNATED ESCORT SELECTIONS MAY BE CHANGED AFTER THE AWARD PERIOD.

DESIGNATED ESCORT 1 FIRST & LAST NAME

PRIMARY ESCORT 1 PHONE (CELL PREFERRED)

DESIGNATED ESCORT 2 FIRST & LAST NAME

PRIMARY ESCORT 2 PHONE (CELL PREFERRED)

## Program Information

# OF STUDENTS

# OF TOTAL ADULTS

# OF REQUIRED ADULTS\*

# OF ADDITIONAL ADULTS

*\* To ensure student safety and a meaningful educational experience, a minimum student-to-adult ratio of 10:1 must be upheld throughout the program. Certified 1:1 Special Needs Aides and the designated medical emergency escorts are exempt from this ratio.*

WILL THERE BE ANY SPECIAL NEEDS AIDES ATTENDING? \*\*

☐ Yes

☐ No

IF YES, PLEASE SPECIFY THE NUMBER OF AIDES AND THEIR ROLES:

*\*\*We welcome students with special needs, but we may require additional information or accommodations to ensure a safe and enjoyable experience for all participants. We will contact you directly to discuss specific needs.*

GRADE LEVEL OF STUDENTS ATTENDING (SELECT ONE)

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

FOR OAHU SCHOOLS ONLY – 2 DAYS, 1 NIGHT

☐ OCTOBER 7-8, 2025

☐ OCTOBER 8-9, 2025

☐ OCTOBER 9-10, 2025

FOR NON-OAHU SCHOOLS ONLY – 3 DAYS, 2 NIGHTS (INCLUDES A DAY OF AIR TRAVEL)

☐ OCTOBER 7-9, 2025

☐ OCTOBER 8-10, 2025

## Financial Support

*While we strive to provide full financial support for this experience, additional contributions from schools can significantly enhance the program. Your support helps us extend financial assistance to other schools and organizations with financial need, expanding the reach of this valuable educational opportunity.*

**CAN YOUR SCHOOL PROVIDE FINANCIAL SUPPORT FOR PROGRAM FEES, ACCOMMODATIONS, AND GROUND TRANSPORTATION?**

☐ Yes

☐ No

**IF YES, PLEASE EXPLAIN WHAT FINANCIAL SUPPORT YOUR SCHOOL CAN CONTRIBUTE. IF NO, PLEASE EXPLAIN THE FINANCIAL CHALLENGES YOU FACE IN DETAIL.**

**SPECIAL NOTES/ COMMENTS/ QUESTIONS**

## Letter of Intent

**PLEASE COMPOSE AN ORIGINAL LETTER OF INTENT DETAILING YOUR SCHOOL OR ORGANIZATION'S EDUCATIONAL GOALS FOR A VISIT TO THE PEARL HARBOR HISTRIC SITES. YOUR LETTER MUST BE A MINIMUM OF 500 WORDS.**

- Describe how a visit to Pearl Harbor aligns with your school or organization's curriculum and overall educational mission.
- Explain the specific academic standards and learning objectives you hope to achieve through this experience.
- Explain how the program will benefit your students.

*(Attach another page if letter extends outside of provided space below.)*