



SUMMER ENTREPRENEUR CAMP APPLICATION

July 20-24 or July 27-31

Saturdays July 18 & 25 & August 1 & 8, 2009

Old Plank Trail Community Bank

20012 Wolf Road

Mokena, IL 60448

Name: _____

School: _____

Home/Address: _____

Home Phone: _____ Cell Phone(Parent): _____

E-mail (Parent): _____ GRADE YOU ARE COMPLETING: _____

GPA: _____ Age: _____ GENDER: _____ M _____ F _____

TO STUDENT: Write a 25-50 word paper explaining why you would like to be apart of this program. Please include this with your completed application.

TO PARENT: The purpose of this program is to provide students the opportunity to learn about entrepreneurship. The camp includes classroom instruction, guest speakers, field trip to businesses as well as a business plan presentation awards event. We will meet daily from 9:00 a.m. to 12:30 p.m. from July 20-24 or July 28-31 or Saturdays July 18 & 25 & August 1 & 8, 2009

A limited number of spaces are available. Applicants will be selected based on specified criteria. A minimum GPA of 2.0 is required as well as a recommendation letter from a parent or teacher.

Parent/Guardian: I recommend _____ for participation in the Summer Entrepreneur Camp to be held at Old Plank Trail Community Bank and I agree to attend the semiformal awards ceremony, upon my son/daughter's completion of the program.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Please submit the completed application and student paper by July 17, 2009.

I understand that submitting an application does not guarantee my participation in this program. I certify that the above statements are accurate and complete to the best of my knowledge.

Applicant Name (Print)

Applicant Signature Date

Using the space below, Please list any activities with which you have been/are involved in within your community or school.

Checklist for application (attach the following)

- _____ Application Form completed
- _____ Parent/Teacher Recommendation Form
- _____ Parent/Teacher Recommendation Letter
- _____ 25-50 Paper
- _____ Parent/Legal Guardian signature
- _____ 2.0 GPA

Incomplete applications will not be considered. Information submitted within all packages will be held in confidence according to Tomorrow's Young Entrepreneurship procedure. Any documents submitted become property of the **Entrepreneurship Learning Camp** and will not be returned.

Please circle the session you would like to attend for the camp. Registration fee is due by July 17th and is nonrefundable. Full Tuition is due by first day of camp.

SESSIONS	REGISTRATION	TUITION
7/20- 7/24	\$65	\$199
7/27- 7/31	\$65	\$199
7/18, 7/25, 8/1, & 8/8	\$65	\$150

Thank you for your interest in T.Y.E. Summer Entrepreneur Camp. We look forward to reviewing your information and your potential participation in the program.

RECOMMENDATION FORM (Please have parent/teacher complete)

Name of Applicant (Please print or type) Name of School

Name of Reference Phone Number of Reference

The above named applicant seeks to participate in the **Summer Entrepreneur Camp** hosted by the Tomorrow's Young Entrepreneur.

Please complete this form and comment in a letter of recommendation on the following:

- ⇒ Your relationship to the applicant
- ⇒ How long you have been acquainted with the applicant
- ⇒ The applicant's business sense and/or creative ability
- ⇒ The applicant's character and personality; and
- ⇒ Any comments to support their selection for the **Entrepreneurship Learning Camp**

Please rate the applicant in the following categories:

	Below Average	Average	Above Average	Outstanding
Ability to "Think Outside the Box"				
Commitment and Dedication				
Personal Maturity				
Overall Recommendation				

Signature

Date