



APPLICATION
Please complete the following:

Name: _____

School: _____

Parents'/Guardian: _____

Home/Address: _____

Home Phone: _____ Cell Phone(Parent): _____

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

Age: _____ GENDER: __M__ F _____

TO STUDENT: Write a 25-50 word paper explaining why you would like to be selected for 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 program includes classroom instruction, guest speakers, field trip to businesses as well as a business plan presentation awards event.

A limited number of spaces are available. Applicants will be selected based on specified criteria. A recommendation letter from a teacher and/or leader in the community is required.

Students selected for the program will be contacted by a T.Y.E. representative within a week of the application being received.

Parent/Guardian: I recommend _____ for participation in T.Y.E. program 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 no later than a week before class begins.

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, 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
- _____ Teacher/Leader Recommendation Form
- _____ 25-50 word Paper
- _____ Parent/Legal Guardian signature

*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 **Young Entrepreneurship Program** and will not be returned.*

Please circle the session you would like to attend. Registration fee is nonrefundable. Registration fee will hold a spot in the class and will be deducted from the balance of the tuition fee. Full Tuition is due no later than one week before class.

SESSIONS	REGISTRATION	TUITION
FALL 8 Week Session	\$65	\$225
WINTER 8 Week Session	\$65	\$225
SPRING 8 Week Session	\$65	\$225

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

RECOMMENDATION FORM (Please have teacher/leader 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 ***Tomorrow's Young Entrepreneur Program***.

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 ***Young Entrepreneurship Program***

Please rate the applicant in the following categories:

	Below Average	Average	Above Average	Outstanding
Ability to "think outside of the box"				
Commitment and Dedication				
Personal Maturity				
Overall Recommendation				

Signature

Date