



Student Application

Dear Applicant:

The ClassE Board of Directors welcomes your application to participate in the 2013-2014 Entrepreneurship Class. The selection committee will be looking for candidates who show dependability, reliability, and loyalty as well as drive, initiative and a good work ethic. This class is supported by the business community in Coles County in partnership with the schools. The class meets at a variety of businesses in the county and is facilitated by a qualified instructor in collaboration with our business partners.

As a member of this class, you will be challenged in new and exciting ways, and you will learn from some of the best and brightest business minds in the area. In addition, you will have the opportunity to develop a lasting and important network of contacts.

The class meets from 7:30-9:00am each school morning and you can plan on spending time outside of the school day following through with the work and projects of the class.

The attached packet of information must be completed in full and returned to your guidance counselor on or before **February 28, 2013.**

Thank you for your interest. We look forward to reviewing your application.

ClassE Board of Directors

CLASSE

APPLICATION

Part I:

Date _____

STUDENT INFORMATION:

Student Name _____

☐ Male ☐ Female

Home Address _____
Street Number Street or Route City State Zip

Student Telephone (_____) _____ Student Date of Birth ____/____/____

Email address _____

Name of High School _____ Current Grade Level _____

Parent or Legal Guardian's Full Name _____

Parent or Legal Guardian's Home Address (*if different than above*) _____

Parent or Legal Guardian's Telephone (_____) _____ (*if different than student number*)

Parent email address _____

Part II: NARRATIVE STATEMENT

Introduce yourself to the selection committee. This statement should reveal your personality, work style, technical skills, why you are interested in the Entrepreneurship Class and how you intend to contribute to the program. Please include work experience or entrepreneurial activities you have undertaken (babysitting, Camp E3, detasseling, lawn mowing, lemonade stand, online sales, etc.) If you have ever started or considered starting your own business, please describe that idea or business as a part of this narrative.

Format: Essay format, 1 page maximum, typed, double-spaced, letter quality font no smaller than 12 point, margins should be 1 inch on the top, sides and bottom. Your name should appear at the top of the page.

Part III: REFERENCES

Please submit at least 2 letters of recommendation with your application

1 Personal/Educational Recommendation (neighbor, pastor, teacher, coach, principal etc.)

1 Business Recommendation (employer or someone you have done work for)

The Guidance Counselor's Statement, as required in Part VI, is not to be included as a reference letter

Part IV:
Applicant's Statement and Signature

- *I certify that to the best of my knowledge all of the information I have provided is accurate and that the work submitted is my own.*
- *I acknowledge that information about my selection to the Entrepreneurship Class and the projects that I develop there may be shared with the public.*
- *I understand that it is my responsibility to return this form and the required attachments to my guidance counselor. I further recognize that it is my responsibility to stay in touch with my guidance counselor to ensure that the application is filed in complete form and submitted in a timely manner.*
- *I agree to participate in a formal interview process prior to my selection to the program, if requested.*

Applicant's Signature _____

Parent/Guardian's Statement and Signature

- *I have reviewed the information on this form and give my permission for my child to proceed with the application process. I authorize my child's school and its employees to release any information necessary for this application.*
- *I recognize that it is my child's responsibility to ensure that the complete application is filed in accordance with the stated deadline.*
- *I understand that the application becomes the property of the school and cannot be returned.*
- *I understand that transportation is a required element of this program and I will make sure my child has transportation available to get to their site and back to school each day.*

Parent/Guardian Signature _____

Part VI: GUIDANCE COUNSELOR RECOMMENDATION

1. Attach student's transcript of grades and current report card to this form.
2. Student Attendance Record:
 - ☐ Number of Absences this school year: _____
If the number exceeds 10, please state reason(s) for the absences and if this is a pattern that has been consistent throughout the student's high school career.
 - ☐ Number of tardies this school year: _____
If the number exceeds 5, please state reason(s) for tardies and if this is a pattern that has been consistent throughout the students' high school career.
4. Additional comments regarding student concerns, challenges, special qualities or any other information that is important for the committee to consider may be attached to the application, if needed.

Counselor's Signature: _____ Date _____