Have you ever thought of starting your own business?
Do you have a business already?
Are you interested in learning how your hobby can make you money?
Do you want to be your own boss?
Do you want to win awards and earn money?

If you answered YES to any of these questions…we are looking for YOU!!

Become an ENTREPRENEUR! Join NFTE’s Summer BizCamp® TODAY!

NFTE BizCamp®
The Network for Teaching Entrepreneurship is offering a 2 week summer camp for students ages 14-21 (Rising 9th graders to graduating seniors), to be held at the Bowie State University, July 22-August 2, 2019 (9:00 am-4:00 pm) daily. At the end of the program, students will pitch an original business idea and compete for cash awards to fund their entrepreneurial endeavors.
Application Deadline: Sunday, June 30, 2019

Application Process

THE NFTE SELECTION COMMITTEE WILL REVIEW ALL APPLICATIONS AND RECOMMENDATIONS. SELECTIONS WILL BE BASED ON THE APPLICANT’S ANSWERS TO THE ESSAY QUESTIONS AND THE COMMITTEE’S RECOMMENDATIONS. PLEASE COMPLETE ALL ATTACHED FORMS; INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. Applicants who turn in their completed application, recommendations, and supporting documents will receive a notice of their application status by Friday, July 12, 2019.

SUBMITTING YOUR APPLICATION
TO SUBMIT YOUR COMPLETED APPLICATION, YOU MAY CHOOSE ONE OF THE THREE OPTIONS LISTED BELOW. YOUR RECOMMENDERS WILL THEN USE THE SAME METHOD OF SUBMISSION WITH THEIR PART OF THE APPLICATION. Please note that for your application to be considered complete you must have submitted all of your materials and your recommenders must have submitted all of their materials by the application deadline.

1. **Email (Preferred):** All documents should be sent as attachments to Djuana Wilson at Djuanaw@nfte.com by June 30, 2019. Recommenders for students who email their applications must also submit their recommendations via email as attachments and should include the name of the student being recommended in the email’s subject line.

2. **Mail:** You may mail your application to the address below. All materials must be in by June 30, 2019. Please note that, if you chose to mail your application, your recommendation must be included in your materials. Your recommender should sign and date a sealed envelope that contains their recommendation and return it to you to be included with your other materials.

   **Attn:** Djuana Wilson @ NFTE; Innovation Station, 1801 McCormick Drive, Upper Marlboro, MD 20774

If you have any questions about how to submit your application, please email Djuanaw@NFTE.com.

*If selected to participate, I hereby agree to complete the program in its entirety and take full advantage of this worthwhile opportunity.*

Student’s Signature: ____________________________ Date: ________________

Student Information
Parent/Guardian signature: ________________________________ Date: __________

Student Name: ____________________________________________

Student Address: __________________________________________

_________________________________________________________

Home Phone: ______________________________________________

E-mail: __________________________________________________

Best Time to Reach You by Phone: ___________________________

Age: ___________ Date of Birth: ____________________________ Gender: _______________

Student Social Security Number: _________ - _________ - _________

School Name: _____________________________________________

School Address: __________________________________________

Current Grade Level: _______________________

How did you hear about NFTE BizCamp? ______________________________

____________________________________________________________________

____________________________________________________________________

Have you ever taken NFTE in school, or during an after-school, or summer program?

☐ No
☐ Yes

Does the student qualify for free or reduced-priced lunch?

☐ No
☐ Yes

Emergency Contact Information

Name of Parent/Guardian: ____________________________________________
Parent/Guardian Work Number: ________________________________

Parent/Guardian Cell Number: ________________________________

Does the student have any special medical conditions?

☐ No  ☐ Yes, please explain: ____________________________________________

Does the student have health insurance?

☐ No  ☐ Yes
   Name of Insurance Company: _________________________________________
   Policy Number: ______________________________________________________
   Phone Number of Insurer: _____________________________________________

Person to Contact in Case of Emergency:

   Name: _____________________________________________________________
   Relation: __________________________________________________________
   Address: ___________________________________________________________
   ________________________________________________________________

Telephone Numbers of Emergency Contact:

   Daytime: ___________________________________________________________
   Nighttime: _________________________________________________________

I hereby certify that the information provided above is accurate to the best of my knowledge.

Student’s Signature: ______________________ Date: ________________

Parent/Guardian Signature: ______________________ Date: ________________
Student Questionnaire

1. List any jobs, internships, and/or volunteer experiences with which you’ve been involved, and explain your responsibilities at each.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

2. What do you plan to do after graduation from high school?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

3. List any hobbies and/or extra-curricular activities with which you are involved and describe any leadership positions you have held.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

4. Entrepreneurs are successful because they create solutions to everyday problems. For example, Microsoft’s Bill Gates became a success after developing user-friendly computers at a time when most people thought that they were too complex. Describe a time when you noticed a problem and solved it.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Essay Questions

Please answer the following two essay questions thoughtfully and thoroughly. Each essay question should be typed, double-spaced, size 12-font, limited to 1 page and submitted with your application.

1. If you could start the business of your dreams, what would it be? What characteristics do you have that would help you succeed?

2. Why are you interested in participating in a BizCamp? Why should you be accepted to the program? Please explain your reasoning in detail.
NFTE BizCamp Recommendation Form

For Students: This portion of the application is to be completed by your recommender. Recommendations provide an opportunity for the NFTE admissions staff to gain additional information about your performance in school and work settings, as well as your character. Recommenders can be any of the following: employer, teacher, school administrator, or adults who know you through extra-curricular activities (coach, religious leader, after-school program staff). Recommenders should not be relatives.

For Recommenders: We would like to know what strengths you feel this candidate will bring to the NFTE BizCamp®. We appreciate any input you provide to help us understand more about the student’s ability to succeed in the NFTE BizCamp program. You may attach an additional page if necessary.

The recommendation submission process depends on how the student you are recommending is planning to submit their application materials. Please see the submission options below:

3. Email (Preferred): All documents should be sent as attachments to Djuana Wilson at Djuanaw@NFTE.com by June 30, 2019. Recommenders for students who email their applications must also submit their recommendations via email as attachments and should include the name of the student being recommended in the email’s subject line.

4. Mail: You may mail your application to the address below. All materials must be in by June 30, 2019. Please note that, if you chose to mail your application, your recommendation must be included in your materials. Your recommender should sign and date a sealed envelope that contains their recommendation and return it to you to be included with your other materials.

Attn: Djuana Wilson @ NFTE; Innovation Station, 1801 McCormick Drive, Upper Marlboro, MD 20774

If you have any questions about how to submit your application, please email Djuanaw@NFTE.com.
Please type or clearly print the following information:

Student Name: ________________________________________________________________

Recommender Name: ___________________________________________________________

Relationship to Student: _______________________________________________________

1. How would you rate the applicant in the following areas:

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<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Weak</th>
<th>No basis for judgment</th>
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</thead>
<tbody>
<tr>
<td>Reliability</td>
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<td>Leadership</td>
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<td>Integrity</td>
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<td>Maturity</td>
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<td>Oral Expression</td>
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<td>Quantitative Skills</td>
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<td>Written Expression</td>
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</tbody>
</table>

2. What makes this applicant a strong candidate for a business/entrepreneurship program?
____________________________________________________________________________
____________________________________________________________________________
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3. In your opinion, what are the applicant’s strengths?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
4. In your opinion, what are the applicant’s weaknesses?

____________________________________________________________________________
____________________________________________________________________________
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5. In the space below, please feel free to comment on anything else you believe we should know as we review this application.

____________________________________________________________________________
____________________________________________________________________________
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____________________________________________________________________________
____________________________________________________________________________

I hereby certify that the information provided above is accurate to the best of my knowledge.

Signature: ___________________________ Date: ______________________