



MasterCard Center
for Inclusive Growth



GLOBAL GIRLS ENTREPRENEURSHIP PROJECT

NFTE Girls Empowerment BizCamp® Summer 2015 Application



Have you ever thought of starting your own business?
Are you interested in learning how to use technology to make you money?
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 answer YES to any of the following questions...we are looking for YOU!!!

*Become an **ENTREPRENEUR!** Join NFTE's Summer BizCamp® **TODAY!***

The Network for Teaching Entrepreneurship (NFTE, *pronounced "nifty"*) is offering a 2-week summer camp for female students ages 14-18, to be held at
Howard University, School of Engineering
July 6-17, 2015 (Mon-Fri),
9:00am- 4:00pm, daily.

NFTE BizCamp®

A BizCamp® is a 2-week, intensive summer program that seeks to provide students with a foundational understanding of business and imbue in them an entrepreneurial mindset. At the end of the program, students will pitch an original business idea and compete for cash awards to fund their entrepreneurial endeavors.

ALL CAMP EXPENSES PAID BY NFTE AND SPONSORS

Application Deadline: 5:00pm, Friday, June 12, 2015

Please fill out all attached forms completely, as incomplete applications will not be considered. You may submit your application in one of two ways:

1. **(Preferred)** Email all documents as attachments to Verice White at vericew@nfte.com on Friday, June 12, 2015. Recommenders for students who email their applications must also submit their recommendations via email and should include the name of the student being recommended in the email's subject line.
2. Mail your application to the address below. All materials must be **received by 5:00pm, Friday, June 12, 2015**. Please note that, if you chose to mail your application, your recommendation must be included in your materials. Your recommender should sign and date the seal of the envelope that contains their recommendation and return it to you to be included with your other materials.

Attn: Verice White
NFTE DC Region Office
1660 L ST NW Suite 510
Washington, DC 20036

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:** _____

Parent/Guardian signature: _____ **Date:** _____

I. Basic Student Information

Name: _____

Address: _____

Home Phone: _____

E-mail: _____

Best time to reach you by phone: _____

Age: _____ Date of Birth: _____ Gender: _____

School Name: _____

School Address: _____

Current Grade Level: _____

How did you hear about the BizCamp? _____

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

- ☐ NO
- ☐ YES:

II. Student Questionnaire

1. List any jobs, internships, and/or volunteer experiences that you've been involved with, and explain your responsibilities for each.

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

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

4. “Technology is woven into everything. You can’t talk about anything these days without technology as one of the ingredients,” - Cindy Bates, Vice President of Microsoft’s Small and Medium Sized Business.
 - a. Do you believe this statement to be true? Describe how technology is always one of the ingredients in any conversation.

 - b. What is one technology related topic you are interested in learning about?

5. **Essay Question:** If you could start the business of your dreams, what would it be? What characteristics do you have that would help you succeed?
(Limit 1-page, double spaced, to be included on separate piece of paper)
6. **Essay Question:** Why are you interested in participating in a BizCamp? Why should you be accepted to the program? Please explain your reasoning in detail.
(Limit 1-page, double spaced, to be included on separate piece of paper)

III. Personal Data & Emergency Contact Information

Name of Participant: _____

Social Security #: _____

Parent/Guardian Work Number: _____

Parent/Guardian Cell Number: _____

Do you have any special medical conditions?

☐ NO

☐ YES, Please explain: _____

Do you have family 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: _____

Signature of Student: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

IV. NFTE BizCamp Recommendation Form

Give this form to your recommender and have him or her complete the fields below:

Student: _____

Recommender: _____

Student: _____

For Students: 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). Please do not have a relative fill out this form.

For Recommenders: We would like to know what strengths you feel this candidate will bring to the NFTE BizCamp®. Why should this applicant be chosen to participate? How will he/she benefit? We appreciate any input you provide.

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

	Excellent	Good	Fair	Weak	No basis for judgment
Reliability					
Leadership					
Integrity					
Maturity					
Oral Expression					
Quantitative Skills					
Written Expression					

2. What makes this applicant a strong candidate for a business/entrepreneurship program?

3. In your opinion, what are the applicant's strengths?

4. In your opinion, what are the applicant's weaknesses?

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

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

Signature: _____ **Date:** _____

How you submit your recommendation depends upon how the student you are recommending is planning to submit their application materials:

1. **(Preferred)** If the student you are recommending is submitting their application via email, please email your recommendation materials to Verice White, vericew@nfte.com by 5:00PM. Friday, June 12, 2015. Please include the name of the student being recommended in the email's subject line.
2. If the student you are recommending is planning to mail their application, please place your recommendation in a sealed envelope, sign across the envelope's back flap, and return it to the applicant so that he/she may include the recommendation with his/her completed application materials.