



EYE Camp 2014

Application Form

Please complete each section of the application. Deadline to submit completed application is April 15, 2014. Incomplete or late applications will not be accepted or returned. Submit completed forms and a \$15 dollar non-refundable application fee to:

Professor Karl M. Kapp
203 Sutliff Hall, Bloomsburg University
Bloomsburg, PA 17815-1301

Personal Information

Full Name: _____ Birthdate: ____/____/____
Gender M F Parent/Guardian's Name _____ Home Phone: () _____
Street Address: _____ City: _____ Zip: _____
Mother's Work #: () _____ Mobile () _____ Father's Work #: () _____ Mobile #: () _____
Student Email Address: _____ Parent Email: _____

School Information

School District: _____ County: _____
Name of High School: _____ Current Academic Grade: _____
School Address (Street, City, State, Zip) _____ School Phone: () _____
Name of Guidance Counselor: _____ Office Phone: () _____

References

Teacher: _____ Email: _____ Phone: _____
Coach/Advisor/Employer: _____ Email: _____ Phone: _____

On another sheet of paper, answer the following questions and submit with your application.

1. In up to two paragraphs, describe something you are truly passionate about and why. Describe how you see yourself pursuing that passion in the future.
2. In one paragraph, describe the entrepreneurial or business topic(s) you feel you need the most help with.
3. From your perspective, what role does entrepreneurship play in society?

Notification of acceptance or non-acceptance on or before May 14, 2014.

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