



2018 Summer Entrepreneurship Institute Checklist

APPLICANTS NAME: _____

- 2017 Summer Entrepreneurship Institute Application
- Statement of Interest
- High School Report Card/ GPA Transcripts **(We will accept un-official transcripts for the 2017-2018 school year)**
- Code of Conduct
- Health Care Form



The Center for Entrepreneurial Studies at Bennett College is now accepting applications for the Summer Entrepreneurship Institute (SEI) to be held on the Campus of Bennett College. Our Summer Entrepreneurship Institute is a eleven-day residential program for young women who are rising high school juniors and seniors in the 2018-2019 school year. These young women will have an interest in the entrepreneurship, the pursuit of innovative ideas and who aspire to be future business leaders.

2018 Summer Entrepreneurship Dates:
Saturday, June 22nd - Tuesday, July 3rd 2018

Registration for the **Summer Entrepreneurship Institute** is a selective application process. Please submit all documentation in a timely manner to ensure your acceptance. Applicants will be notified once we have reviewed your completed application and registration paperwork.

Deadlines: Application & Registration – OPEN ENROLLMENT UNTIL Thursday, June 21st, 2018

How to apply & register for the Institute

1. Have an interest in learning more about entrepreneurship.
2. Be a rising 11th - 12th grade high school student.
3. Complete the application & registration packet. (See attached checklist)

For additional information:

Sacha D. Blalock
Program Associate- Center for Entrepreneurial Studies at Bennett College
900 E. Washington Street Box #44
Greensboro, NC 27401
Office: 336.517.1971
sblalock@bennett.edu

*Thank you for your interest in the Summer Entrepreneurship Institute.
We look forward to a fun week!*

Applicant information

First & Last Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Valid E-mail: _____

List the URL and social networks of any websites that depicts you in a personal or professional manner. (Such as Facebook, Twitter, etc.) _____

Shirt Size? Small Medium Large X-Large XX-Large

Parent/ Guardian Emergency Contact Information

First & Last Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Valid E-mail: _____

SEI is restricted to rising 11th & 12th grade students **(OR AGES 15-18)**: (Circle your classification)

School Name: _____

Teacher/Administrator Contact at School: _____

School Address: _____

School /County: _____

School Phone: _____

School Fax: _____

****Attach a 2-page Statement of Interest (double spaced with 1-inch margins all around). ****

Please answer the questions in essay form include the following information in your Statement of Interest.

- Explain why you want to attend the **Summer Entrepreneurship Institute**.
- What do you hope to gain by your participation?
- What kind of business you are interested in owning and why?
- What does Entrepreneurship mean to you?
- How would your business impact your community and the world?

****Include a copy of your most recent high-school transcript (official/unofficial are accepted) ****

Student Signature

Date

Parent/Guardian Signature

Date



**2018 Summer Entrepreneurship Institute
Student Code of Conduct**

By enrolling in Summer Entrepreneurship Institute(SEI), a student signifies her willingness and agreement to live in accordance with the following ethical standards:

- Each student shall be honest in all behavior and conduct with the Institute. Any form of cheating, plagiarism, falsification of records, or the deliberate giving of false information to Institute officials is a breach of the ethical standards of the Institute.
- Each student shall respect the personal rights, safety, and health of others. There will be no emotional, verbal or physical abuse of any individual at Bennett College during the SEI Program. No student shall disrupt or disturb the study of others, nor should there be any disruption of SEI activities.
- Each student shall respect personal property of others. No student shall touch, use, damage or misuse the property belonging to others without their permission, and there will be no damage or misuse of College property or facilities.
- Each student shall obey and honor standards of the College. Each student shall refrain from the possession, use, or distribution of any form of tobacco, alcoholic beverage and/or controlled drug or substance while on the property of the College.
- Each student shall respond to other participant, administrators and faculty.

Violations of the Student Code of Conduct may result in disciplinary action. Such action may take the form of warnings, reprimands, or in more extreme cases, immediate dismissal from the Institute. Any disciplinary action short of immediate dismissal is not considered punishment, but part of the educational process.

Goals of the Student Conduct Process

1. To hold students accountable for their behavior with fairness and dignity to all involved parties.
2. To protect the welfare of the SEI community, Bennett College community and its constituents.
3. To educate students about the expectations SEI and Bennett College have regarding the standards of behavior all students are to maintain.
4. To instruct, educate, and advise students that offensive behavior will not be tolerated.
5. To provide developmental learning experiences that give students the opportunities for insight and reflection on why they are at SEI and how to best accomplish their educational and personal goals.
6. To educate students on what it means to be a part of a community and to strive to cultivate an atmosphere of respect and understanding among the diverse sisterhood of the SEI community.
7. To fairly effectively, and effectively and efficiently administer the Code of Student Conduct.

Student Signature

Date

Parent/Guardian Signature

Date



2017 Medical History Form

Name: _____ Birth date: ___/___/___ Age: _____

Name of parent(s)/guardian(s): _____ Telephone: (____)-____-____

Home Address: _____
City: _____ State: _____ Zip: _____

Name of Employer: _____
Employer's Address: _____

City: _____ State: _____ Zip: _____

If person named above is not available in the event of an emergency, notify:

Name: _____ Relationship: _____ Telephone: (____)-____-____

Name: _____ Relationship: _____ Telephone: (____)-____-____

Physician: _____ Telephone: (____)-____-____

Dentist: _____ Telephone: (____)-____-____

Eye Doctor: _____ Telephone: (____)-____-____

Child's current medical condition: _____

List prescription and non-prescription medications child is taking: _____

Drug sensitivity and allergies (describe): _____

Name of health insurance carrier: _____

Group Number: _____ Phone Number: (____)-____-____

Have you ever been told you had one of the followings?

Disease or disorder of the blood? (Describe) _____

Lung disorder yes no

High blood pressure yes no

Any physical defect or deformity? (Describe) _____

Asthma yes no

Heart trouble yes no

Any vision or hearing disorders? (Describe) _____

Nervous disorder yes no

Disorder of the digestive tract yes no

Any life-threatening conditions? (Describe) _____

Any form of cancer yes no

ADHD yes no

Any contagious disorder? (Describe) _____

Juvenile Diabetes yes no

Juvenile Arthritis yes no

Hepatitis yes no

Malaria yes no

A copy of the student's medical insurance must be attached to this Medical History Form

LAST NAME: _____ FIRST NAME: _____

Has child been treated by a physician or been disabled or hospitalized during the last year? (Describe)

Has child had or been advised to have a surgical operation within the last five years? (Describe)

Date of last physical exam: _____ Date of last tetanus shot: _____

Family History (list important medical problems of your parents):

Mother:

Father:

Any other special medical information:

In the event of an emergency, I understand every effort will be made to contact me and/or the other person so designated on this form. In the event we cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature of Parent(s)/Guardian(s): _____ Date: __/__/__

Cell Phone (___)-___-____ Work Phone: (___)-___-____ Home Phone (___)-___-____

FOR OFFICE USE ONLY

Date Received: _____

Personnel: _____