



CREATING ENTREPRENEURIAL
OPPORTUNITIES

Due Date: **JANUARY 16, 2017**

Creating Entrepreneurial Opportunities (CEO) Class 2017-2018 Student Application

Dear Applicant:

The Creating Entrepreneurial Opportunities (CEO) Class Board of Directors welcomes your application to participate in the 2017-2018 CEO Class.

CEO is a year-long course designed to utilize partnerships that provide an overview of business development and processes. The local business community partners with area schools to create project based experiences for student's by providing funding, expertise, meeting space, business tours and one-on-one mentoring. Students visit area businesses, learn from guest speakers, participate in a class business, write business plans, and start and operate their own business. Business concepts learned through the experiential CEO class are critical; the 21st century skills of problem solving, teamwork, self-motivation, responsibility, higher order thinking, communication and inquiry are at the heart of student development throughout the course.

The class meets for 1 ½ hours each school day from 7:30-9:00 am in a variety of businesses. The class is facilitated by TBD and completely supported financially by our CEO Business Investors

The attached application must be completed in full and returned to your guidance counselor on or before the date indicated above. You will be notified of your acceptance status by April 1, 2017. The decision of the judges is final and no exceptions will be made.

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

CEO Board of Directors

****This year's CEO Trade Show will be held TBD. Attending the Trade Show provides a great opportunity to visit with current CEO students and learn about their businesses.****

2017-2018 CEO CLASS APPLICATION

Blind Judging # _____

Date Due to Guidance Counselor: January 16, 2017

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** _____
(If you are a senior and have previously applied to the CEO
Class, please check here _____)

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 addresses _____

Student 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 CEO Class and the projects that I develop in CEO 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.*
- *I understand that if I am selected and participate in the CEO Class, I am making an ongoing commitment to remain engaged with the CEO Program as an alumni.*

Applicant's Signature _____ **Date:** _____

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.*

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

APPLICATION RATING SYSTEM:

- Personal Narrative Statement – 60 Points
- Guidance Counselor Character Reference – 20 Points
- 2 Additional Character References – 10 points each

PERSONAL NARRATIVE STATEMENTS (60 points):

- Please submit the narrative as a one page separate document, typed, double-spaced, 12 point font, with 1” margins.
- Please do not bind the application or place it in a folder. Simply paper clip the pages together.
- Applicant name should be at the top of the narrative page.
- Please address the following questions in your narrative.
 1. Introduce yourself to the selection committee. Please provide examples of your personality, work style, skills, and goals.
 2. Why are you are interested in the CEO Class?
 3. If you have ever started or considered starting your own business, please describe that idea or business as a part of this narrative.

REFERENCES (40 Points Total)*

Please request three Character Reference Forms as follows:

- One Personal Reference (**10 Points**)
- One Business Reference (**10 Points**)
- One High School Guidance Counselor Reference (**20 Points**)

NO MORE THAN 2 PERSONAL AND/OR BUSINESS REFERENCES CAN BE SUBMITTED.

Please deliver the attached form to each reference and ask them to send the completed form directly to the following address:

**CEO Applicant
c/o Linton-Stockton Chamber of Commerce
P. O. BOX 208
LINTON, IN 47441**

Or scan and email to: chamilton@lintonchamber.org

All completed reference forms must be received by the Due Date noted at the top of the Application.

The Guidance Counselor may send their form in with the application.

CHARACTER REFERENCE QUESTIONNAIRE: for _____

(Student name):

	Excellent	Good	Average	Below-Average
Motivation	_____	_____	_____	_____
Work Ethic	_____	_____	_____	_____
Responsibility Level	_____	_____	_____	_____
Communication	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Character	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
First Impression	_____	_____	_____	_____
Sense of Humor	_____	_____	_____	_____

How long have you known the applicant? _____

Are you related in any way? _____

Are you a former CEO Student? _____

Why do you believe the applicant is well-suited for CEO? _____

How do you feel the student will be able to handle the responsibility of attending class off-campus, driving to and from class, meeting with community leaders, and representing CEO? _____

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. _____

Name (print) _____ Business Personal

Address: _____ Phone # _____

Signature _____ Date _____

Please mail this form to:

CEO Applicant, c/o LINTON-STOCKTON CHAMBER OF COMMERCE, P. O. BOX 208, LINTON, IN 47441

Or scan and email to: chamilton@lintonchamber.org

CHARACTER REFERENCE QUESTIONNAIRE: for _____

(Student name):

	Excellent	Good	Average	Below-Average
Motivation	_____	_____	_____	_____
Work Ethic	_____	_____	_____	_____
Responsibility Level	_____	_____	_____	_____
Communication	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Character	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
First Impression	_____	_____	_____	_____
Sense of Humor	_____	_____	_____	_____

How long have you known the applicant? _____

Are you related in any way? _____

Are you a former CEO Student? _____

Why do you believe the applicant is well-suited for CEO? _____

How do you feel the student will be able to handle the responsibility of attending class off-campus, driving to and from class, meeting with community leaders, and representing CEO? _____

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. _____

Name (print) _____ Business Personal

Address: _____ Phone # _____

Signature _____ Date _____

Please mail this form to:

CEO Applicant, c/o LINTON-STOCKTON CHAMBER OF COMMERCE, P. O. BOX 208, LINTON, IN 47441

Or scan and email to: chamilton@lintonchamber.org

GUIDANCE COUNSELOR REFERENCE for: _____

(Student name): _____

	Excellent	Good	Average	Below-Average
Motivation	_____	_____	_____	_____
Work Ethic	_____	_____	_____	_____
Responsibility Level	_____	_____	_____	_____
Communication	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Character	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
First Impression	_____	_____	_____	_____
Sense of Humor	_____	_____	_____	_____

How long have you known the applicant? _____

Are you related in any way? _____

Are you a former CEO Student? _____

Why do you believe the applicant is well-suited for CEO? _____

How do you feel the student will be able to handle the responsibility of attending class off-campus, driving to and from class, meeting with community leaders, and representing CEO? _____

Indicate your recommendation for the applicant:

Highly recommend Recommend Recommend with reservations Not recommended

Please explain why you allocated this rating _____

Name (print) _____ Guidance Counselor
School: _____ Phone # _____
Signature _____ Date _____

Please mail this form to or attach to Student Application:
CEO Applicant, c/o LINTON-STOCKTON CHAMBER OF COMMERCE, P. O. BOX 208, LINTON, IN 47441
(may also scan and email application/reference to: chamilton@lintonchamber.org)