

Youth Entrepreneurial Program Application Form (2008-2009)

Date of Application: _____

IBSA OFFICE USE ONLY – ID NO.

Last: _____ First: _____ Middle Initial: _____

Street Address: _____

City/State/Zip Code: _____

Phone Number: _____ E-mail Address: _____

| |
|---|
| Name of Parent/Legal Guardian: _____ Relationship to Youth: _____ |
| Street Address: _____ |
| (if different from the one listed above) |
| City/State/Zip Code: _____ |
| Home Phone Number: _____ Work Phone Number: _____ |
| Cell Phone Number: _____ E-mail Address: _____ |
| _____ |
| Emergency Contact: _____ Relationship to Youth: _____ |
| Street Address: _____ |
| City/State/Zip Code: _____ |
| Home Phone Number: _____ Work Phone Number: _____ |

Affiliate Organization/Business: _____

Agency/Business Contact: _____ Phone: _____

Agency/Business Address: _____ City: _____

State: _____ Email Address: _____

Mail completed Application to the Youth Entrepreneurial Program (YEP)

IBSA, Inc.
Topeka
C/o Lazone Grays, Program Coordinator
629 SE Quincy, Suite 102, Topeka, KS 66603
PH: (785) 232-4272/
www.ibsa-inc.org

Kansas City
2052 N. 3rd Street
Kansas City, KS 66101
(913) 240-6247

Youth Entrepreneurial Program Application Form (2008-2009)

Race/Ethnicity of Youth (check ALL that apply): Gender:

- American Indian/ Alaska Native Male
- Asian Female
- Black/African-American
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Other

Date of Birth: _____

Age: _____

Household Income Range: # of Adults in Household: _____

- Below \$10,000
- \$10,000 - \$25,000
- \$25,000 - \$50,000
- \$50,000 - \$75,000
- Above \$75,000

of Youth 18 and under in Household: _____

School: _____ Grade: _____ GPA: _____

On a separate sheet answer the following questions:

1. How are you expecting to benefit from the Youth Explorer Program?

2. Describe your attitude about your community and what opportunities it holds for your future?

3. What type of entrepreneurial activities have you worked on in the past (e.g. Lemonade Stand, Newspaper Route, Babysitting, etc.)?

4. Have you given any thought to your future career?

If yes, what is your vision for your future?

If no, does starting your own business interest you? (Explain)

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Applicant:

As a participant in the Youth Entrepreneurial Program (YEP), I understand that I am required to actively participate in all aspects of the program.

Signature of Applicant: _____ Date: _____

Parent/Guardian:

My daughter/son (print first and last name) _____

Has my permission to participate in the Youth Entrepreneurial Program (YEP).

Signature of Parent/Guardian: _____ Date: _____

*A \$50.00 registration fee is required to participate in the program and cover cost for program material. If a youth does not have the funds and can't find a community/business sponsor, they can request a waiver in writing. Please send the written request to the coordinator of your local program

Please print neatly or type. Form is also available online at www.ibsa-inc.org. Make sure all information and signatures are included. Use additional pages if needed.

For more information contact:

Lazone Grays IBSA, Inc. - ibsa@myway.com

Return applications to:

Attn: Lazone Grays

IBSA, Inc.

629 SE Quincy, Suite 102

Topeka, KS 66603

PH: (785) 232-4272

Fax: (913) 371-4709

Youth Participants Receive:

- Two Youth Explorer T-shirts
- One Program Booklet
- One IBSA Youth Explorer Discount Card
- The Young Entrepreneur's Guide to Starting & Running a Business
*By Steve Mariotti, Founder/President of the National Foundation
For Teaching Entrepreneurship*

Top Youth Achievers Receive:

- Nomination for Kansas Young Entrepreneur Award
- \$500.00 Saving Bond

This program starts each year in June.

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