

2009

Business Horizons Student Application July 26-31; Simpson College, Indianola

Please return completed application by
May 15, 2009 for priority consideration

Part 1: To be completed by student

First Name _____	Preferred Name for Nametag _____	Last Name _____
Address (and Apartment Number) _____		(____) _____ Phone Number with Area Code
City, State Zip, County _____	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: ____/____/____
Email Address _____	Grade during 2008-2009 year: FR SO JR SR	
School Name & City _____	T-Shirt Size: S M L XL XXL Other	
Principal's Name _____	Name of the person and organization / school who referred you to Business Horizons _____	
<p>I understand that Business Horizons is an intensive, academic program. I also understand that my \$250 application fee is <i>non-refundable</i> once I am accepted (\$300 if I apply after the priority deadline of May 15, 2009). Please make checks payable to Business Horizons.</p>		
Signature of Student _____		Credit Card: Please call (800) 383-4224 ext. 569 to pay by credit card.
Date _____	Parents'/Guardians' name: _____	
Signature of Parent/Guardian _____	Date _____	Parents'/Guardians' work phone: (____)_____

Part 2: Financial Aid (if applicable)

The Iowa Association of Business and Industry Foundation is a 501(c)(3) non-profit organization. Our goal is to ensure that every student is given the opportunity to attend the program. Financial aid is available to families who cannot afford the full \$250 fee. If you cannot afford the full \$250 application fee please enclose any dollar amount that you can afford and financial aid will be considered for the remainder.

Does the student qualify for the free / reduced lunch program? Yes No
If yes, please indicate the maximum amount of the registration fee you can afford. \$ _____ (Please enclose with application form)

Part 3: School Representative Signature

I understand Business Horizons is an intensive, academic program. My signature below indicates I believe this student is a good representative of our school and community, has shown a sincere interest in Business Horizons and will be an active participant during the week at Business Horizons.

Signature of Teacher or School Official _____	Title/Subject _____	Date _____
Print Name _____	School Name _____	
Phone _____	Email Address _____	

Application continued on back of this form

For Office Use Only:

App Rec'd Date: _____ Amount \$: _____ Other \$ Info: _____
Payment Type: _____ Check #: _____

Part 4: Tell us a little bit about yourself

Tell us about your favorite class subjects, extracurricular activities and/or hobbies. Do you have a job now? If so, where and what are your job duties and responsibilities? What do you like about your job?

Tell us why you would like to participate in Business Horizons and what you hope to learn during the week.

Tell us about a career that interests you. Where would you like to work? What type of job would you like to have?

Part 5: Come to Business Horizons with a friend or send an application to:

Do you have a friend you would like to attend Business Horizons? Provide their name and we'll send them information and an application.

Name _____

Address _____

City, State Zip _____

Phone _____ School _____

Return application with your registration fee to:

Business Horizons

904 Walnut Street, Suite 100

Des Moines, IA 50309

Phone: (515) 280-8000 or (800) 383-4224

Fax: (515) 244-8907

www.businesshorizonsiowa.com