

# 2012

## Business Horizons Student Application July 15-19, 2012; Central College, Pella

### Part 1: To be completed by student (please print)

First Name _____	Preferred Name for Nametag _____	Last Name _____
Address (and Apartment Number) _____		
City, State Zip _____	Iowa County _____	(____) _____ Phone Number with Area Code
Email Address (student) _____	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: ____/____/____
School Name & City _____	Grade completed by June 30, 2012: FR SO JR SR	
Principal's Name _____	T-Shirt Size: S M L XL XXL Other	
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 application fee of \$350 is <i>non-refundable</i> once I am accepted. <b>A discount will be applied for early registrants: \$75 discount (\$275) if application is received by April 1; \$25 discount (\$325) if application is received by May 15.</b></p> <p><i>Please make checks payable to Business Horizons.</i></p>		
Signature of Student _____	Date _____	Parents'/Guardians' name: _____
Signature of Parent/Guardian _____	Date _____	Parents'/Guardians' work phone: (____) _____
		Parents'/Guardians' email: _____
<b>Credit Card:</b> Please call (800) 383-4224 ext. 569 to pay by credit card.		

### 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 fee. If you cannot afford the full application fee we can send you a scholarship form to complete.

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 \$: \_\_\_\_\_ 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?

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

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

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**Check here if applying for the media/journalism track.** Detailed information on this option can be found by emailing [jshepherd@inaneews.com](mailto:jshepherd@inaneews.com)

Which career areas interest you? Check all that apply.

<input type="checkbox"/>	Arts, A/V Technology, Communications
<input type="checkbox"/>	Health Sciences
<input type="checkbox"/>	Transportation, Distribution, Logistics
<input type="checkbox"/>	Architecture, Construction
<input type="checkbox"/>	Science, Technology, Engineering, Math
<input type="checkbox"/>	Journalism, Writing, Reporting
<input type="checkbox"/>	

<input type="checkbox"/>	Law, Public Safety, Corrections, Security
<input type="checkbox"/>	Hospitality, Tourism
<input type="checkbox"/>	Information Technology
<input type="checkbox"/>	Finance
<input type="checkbox"/>	Marketing, Sales, Services
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	

<input type="checkbox"/>	Business, Management, Administration
<input type="checkbox"/>	Agriculture, Food, Natural Resources
<input type="checkbox"/>	Government, Public Administration
<input type="checkbox"/>	Education, Training
<input type="checkbox"/>	Human Services
<input type="checkbox"/>	UNDECIDED
<input type="checkbox"/>	OTHER:

## 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.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_

### Business Horizons

400 East Court Avenue, Suite 100  
Des Moines, IA 50309  
Phone: (515) 280-8000 or (800) 383-4224  
Fax: (515) 244-3285  
[info@businesshorizonsiowa.com](mailto:info@businesshorizonsiowa.com)  
[www.businesshorizonsiowa.com](http://www.businesshorizonsiowa.com)