

2018

Business Horizons Application

July 15-19, 2018 | Central College, Pella

PART 1: To be completed by the student (please print)

First Name Preferred Name for Nametag

Last Name

Address (and Apartment Number)

(____) _____
Phone Number with Area Code

City, State Zip Code Iowa County

Female Male Date of Birth: ____/____/____

Email Address (student)

Ethnicity:

African American Asian American White (non-Hispanic)
 Hispanic (any race) Native American Other _____

HS Name & City

Grade (during 17-18 yr): **FR SO JR SR**

Principal's Name

T-Shirt Size: **S M L XL XXL** _____
OTHER

How did you hear about Business Horizons?

Educator Parent Friend/Alumni Central College Mailing Social Media/Web Other _____

I understand that Business Horizons is an intensive, academic program. I also understand that my registration fee of \$385 is non-refundable once I receive confirmation. **A discount will be applied for early applicants: \$60 discount (\$325) if application is postmarked by May 15; \$35 discount (\$350) if application is postmarked by June 15.**

Signature of Student Date

Parent/Guardian Name: _____

Signature of Parent/Guardian Date

Parent/Guardian Work Phone: (____) _____

Parent/Guardian Email: _____

*Please make checks payable to **Business Horizons** and enclose with form. You may pay by credit card at BusinessHorizonsIowa.com.*

I plan to submit my program fee by: CHECK 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 provide every student with an opportunity to attend Business Horizons; therefore, limited need-based program scholarships are available to students and families in need of financial assistance. If you would like to discuss a program scholarship, please **contact us** at info@businesshorizonsiowa.com or 515-235-0570.

I plan to apply for a program scholarship. The total amount I can contribute to the cost is: \$_____.

I am already receiving a scholarship from _____
Organization/Individual City, State

PART 3: School Representative Reference

I understand that Business Horizons is an intensive, academic program. My signature below indicates that I support this student's decision to attend and believe he/she is a good representative of our school and community and will be an active participant during the program.

Print Name Title School Name

Phone Email Address

Signature Date

Application continued on back of this form

Office Use Only: Rec'd Date _____ Amount _____ Type _____ Check # _____

PART 4: Tell us about yourself

What are your favorite class subjects, extra-curricular activities and/or hobbies? Do you currently have a job? If so, where and what are your responsibilities? What do you like about your job?

What is a career that interests you? Where would you like to work? What type of job would you like to have?

Why would you like to participate in Business Horizons? What do you hope to gain?

Check here if applying for the Media/Journalism Track.

Check here if applying for the Technology Track. (NEW for interests in coding, web development/design, IT, etc.)

For more information on these options visit BusinessHorizonsIowa.com or contact us at info@businesshorizonsiowa.com.

Which career area interests you? Check all that apply.

Arts, Graphic Design, Photo/Video
Health Sciences, Medicine
Transportation, Logistics, Distribution
Architecture, Construction
Science, Technology, Engineering, Math
Communications, Journalism, Writing

Law, Public Safety, Security
Hospitality, Tourism
Web Development, Computer Sciences
Finance, Accounting
Marketing, Sales, Advertising
Manufacturing

Business, Management, Admin.
Agriculture, Food, Natural Resources
Government, Public Administration
Education, Training
Human Services, Psychology
UNDECIDED/OTHER:

PART 5: Nominate a friend to join you at Business Horizons! (optional)

Name	High School
Address (and Apartment Number)	
City, State Zip	() Phone Number with Area Code
Email Address	

PLEASE SEND COMPLETED APPLICATIONS & PAYMENTS TO:

ABI Foundation - Business Horizons
400 E. Court Ave., Suite 100 – Des Moines, Iowa 50309
Phone: (515) 280-8000 or (800) 383-4224
info@businesshorizonsiowa.com