

# Application for Summer 2009

## Bay Path College

### *“It’s MY Business!”*

#### *Summer Program in Entrepreneurship*

**Selection Criteria:** In addition to being motivated and prepared for this exciting academic opportunity, applicants must:

- Be a sophomore, junior or senior in high school in the fall of 2009 (a current freshmen, sophomore or junior)
- Demonstrate strong academic potential and a high level of maturity.
- Be ready to learn about starting a business and have fun!

Total cost of the program is \$350 for the week, which includes lunches and snacks. Both full and partial scholarships are available. Students completing the program will receive 2 college credits.

✓ **CHECK LIST** - Be sure you have included:

\_\_\_ Completed Application

\_\_\_ Resume (*optional*)

**Please mail application materials to:**

*Briana Sitler*

*Director of the Special Programs*

*Bay Path College*

*588 Longmeadow Street*

*Longmeadow, MA 01106*

**Deadlines and Important Dates:**

*Application Deadline & request for scholarship:*

*June 5, 2009*

*Acceptance Decisions: Mailed June 12, 2009*

*Deposit (\$150) Deadline: June 19, 2009*

*Wait List Notification: Mailed June 26, 2009*

# Bay Path College *"It's MY Business"* Summer Program Application

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## Academic Information

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
Academic Interests: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_  
Business Related Courses Completed if any: \_\_\_\_\_

## Financial Information

Both full and partial scholarships are available for this program for students with financial need. Would you like to be considered for a scholarship? \_\_\_\_\_

## Family Information

Parent (or Guardian's) Full Name: _____	Parent (or Guardian's) Full Name: _____
Address: _____ _____	Address: _____ _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Telephone: _____	Telephone: _____
Work Telephone: _____	Work Telephone: _____
Email: _____	Email: _____

Emergency contact person: \_\_\_\_\_ Phone(s): \_\_\_\_\_