

2009

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

Please return completed application by
April 16, 2009 for priority consideration

Part 1: To be completed by student

First Name _____	Preferred Name for Nametag _____	Last Name _____
Address (and Apartment Number) _____		
City, State Zip, County _____	(____) _____ Phone Number with Area Code	
Email Address _____	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: ____/____/____
School Name & City _____	Grade during 2008-2009 year _____	
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 \$250 application fee is <i>non-refundable</i> once I am accepted (\$300 if I apply after the priority deadline of April 16, 2009). Please make checks payable to Business Horizons.</p>		
Signature of Student _____		Date _____
Signature of Parent/Guardian _____		Date _____
		<p>Credit Card: Please call (800) 383-4224 ext. 569 to pay by credit card.</p> <p>Parents'/Guardians' name: _____</p> <p>Parents'/Guardians' work phone: (____) _____</p>

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 \$195 fee. If you cannot afford the full \$195 application fee any dollar amount that you can afford would be greatly appreciated.

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:			Entered in Database: _____
App Rec'd Date: _____	Amount \$: _____	Other \$ Info: _____	Acceptance Package Mailed: _____
Payment Type: _____	Check #: _____		Form Due Date: _____

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 interested in attending Business Horizons? Yes No
Does Business Horizons need to send them an application to complete? Yes No

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