

2010

Business Horizons Student Application July 25-30; Simpson College, Indianola

Please return completed application by
April 23, 2010 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 _____	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 during 2009-2010 year: 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 _____		
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 23, 2010). Please make checks payable to Business Horizons.		
Signature of Student _____	Date _____	Parents'/Guardians' name: _____ Parents'/Guardians' work phone: (____) _____ Parents'/Guardians' email: _____
Signature of Parent/Guardian _____	Date _____	Credit Card: 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 \$250 fee. If you cannot afford the full \$250 application fee please enclose the amount 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: _____

Email: _____

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