



## APPLICATION FOR THE 2018 ENTREPRENEURSHIP SUMMER ACADEMY (ESA)

### Applicant Information

Last Name	First Name	Social Security Number	
Street Address	City	State	Zip Code
Home Telephone Number	Cell Phone Number	Email Address	
Parent Name	Parent Cell Phone Number	Email Address	

1. Date of Birth: \_\_\_\_\_ 2. Age: \_\_\_\_\_ 3. Gender:  Male  Female  Other 4. Ethnicity: \_\_\_\_\_
5. How old will you be by July 1<sup>st</sup>? \_\_\_\_\_ 6. What grade will you enter as of September 2018? \_\_\_\_\_
7. Would you like to become an entrepreneur?  YES  NO
8. If yes, what would be your business interest(s)? \_\_\_\_\_
9. Please check all that apply to the applicant:  Disabled  Foster Care  Homeless  Runaway  
 Juvenile Justice System  Parenting Youth  Have a parent incarcerated

### Education

	Name of School	Dates of Attendance		Did you Graduate?
		From	To	
High School				
Middle School				

### Family Income:

10. Please indicate whether the applicant, parent or legal guardian receives any of the following benefits listed below:
- Unemployment  Social Services- Public Assistance or Food Stamps  Pension  Disability  
 Other

**Employment History:**

12. Describe below all work experiences beginning with the most recent employment. Attach an additional sheet of paper if needed.

Business Name & Address of Employer	Average Number of Hours Per week	Employed From Month / Year		TO Month / Year		Job Title & Duties

**Essay**

13. Please typed and attach a brief paragraph on why you would like to be a part of the **ENTREPRENEURSHIP SUMMER ACADEMY (ESA)**. In 8-9 sentences, please explain how your past experiences and interests would make this a rewarding opportunity. For example, why would you like to own your own business? What business idea have you considered?

9. Please attach a copy of your most recent report card, social security card, proof of address and school ID.

**NOTE:** Please check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval. All statements are subject to verification. The following information will be kept in the most confidential manner as possible.

10. **AFFIRMATION:** I affirm that the statements made on this application, including any attached papers, are true. (Withholding relevant information or supplying inaccurate information will result in your disqualification or dismissal from employment). Individuals appointed will be called upon to document any information provided on this application.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**All completed application and requested documents should be returned to the Mount Vernon Youth Bureau, Room 306 no later than Thursday, April 5, 2018.**

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, marital status or criminal record. Accordingly, nothing in the application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sex, disability, marital status or criminal record in connection with employment.