



# 2008 NFIB YOUNG ENTREPRENEUR AWARD

**Hard Copies  
MUST be  
faxed by  
February 11 to  
615-523-7100.**

**All applicants must complete steps 1 & 2:**

1. Complete this entire Application – **PRINT CLEARLY**
2. Fax your completed scholarship application so that it is received by **February 11** to the fax number indicated above.

**Student Information:**

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Permanent Mailing Address \_\_\_\_\_ Apt \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 E-mail \_\_\_\_\_

**Gender**

Male  Female

**Ethnicity**

African American/Black  American Indian/Alaska Native  Arab/Chaldean  Asian  Black Caribbean  Caucasian/White  
 Hispanic/Latino  Multi-racial  Native Hawaiian/Pacific Islander

**How did you hear about the Young Entrepreneur Award?**

Guidance counselor/teacher/other high school source  NFIB.com/NFIB member  Newspaper  Internet Search  
 Junior Achievement  DECA  NFTE  FBLA  EITC  Other Club  Email from Scholarship Program Administrators  
 NEA materials  Other \_\_\_\_\_

**Entrepreneurial Experience:**

**Please select the statement which best represents your entrepreneurial endeavors.**

- I have started a business on my own.  I have started a business with someone.  
 I have worked with my family's business.  I have worked with a small business outside my family.  
 I have been a member of clubs that encourage entrepreneurial spirit.  I created a business on paper as part of a class project.  
 I have not been a part of a small business or clubs, but do have plans for owning a business in the future.

Name of Business \_\_\_\_\_

Describe your business in 50 words or less \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does/did your company have employees? (circle one) Yes / No If yes, how many? \_\_\_\_\_

Do/did you make a profit? (circle one) Yes / No If yes, how much to date? \_\_\_\_\_

Business Status:  currently in operation  one-time venture  ceased operation  in development

How long have you been/were you in business? \_\_\_\_\_ Months / Years (circle one)

**High School Information:**

High School Name \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Date of High School Graduation \_\_\_\_\_

**Academic Information:**

							Specify Number of		
GPA	Class Rank	Class Size	ACT Composite	SAT Critical Reading	SAT Math	SAT Written	Honors Courses	AP Courses	IB Courses

Intended Major \_\_\_\_\_ Intended College Name (Do not abbreviate) \_\_\_\_\_

### LOCAL NEWSPAPER

If you are selected as a winner, notification of your award will be provided to the Newspaper provided below. If you do not provide this information, NFIB and SPA, Inc. will not be responsible for sending the information to your local Newspaper office for announcement. NFIB and SPA, Inc. make no guarantees that information provided will be published.

Name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### CLUB PARTICIPATION

If you have participated in any of the clubs listed below, circle the number of years involved.

Club	DECA					NFTE					FBLA					FFA					Junior Achievement				
Years Involved	1	2	3	4	5+	1	2	3	4	5+	1	2	3	4	5+	1	2	3	4	5+	1	2	3	4	5+

### HIGH SCHOOL ACTIVITIES

List activities in which you have participated during the last three years (school clubs, student government, publications, varsity or club sports, theater arts, Scouting, 4-H, etc.). Indicate the number of years involved in each activity. Please do not use acronyms.

Activity Description	Years Involved	Highest Position Held

### COMMUNITY SERVICE

List community agencies or organizations in which you have participated WITHOUT PAY during the last three years (religious groups, hospital volunteer, cultural activities, outreach programs, etc.). Indicate the total amount of hours in the past three years. Please do not use acronyms.

Volunteer Activities	Hours

### WORK EXPERIENCE

List your work experience of the last three jobs you have held the longest (e.g. food server, babysitting, lawn mowing, office work, etc.). Indicate the number of years spent on the job and an approximate number of hours worked each week.

Employer	Position	To – From Dates	Hours (avg. per week)

### APPLICATION CHECK LIST

You may use the following checklist to ensure the application process is complete.

**All documents must arrive in the same package for the submission to be considered complete. Incomplete applications will not be considered.**

- I have attached my application and activities form.
- I understand these documents may be scanned and agree not to staple, paper clip or otherwise attach documents together.
- I have photocopied my entire submission for my files.

### CERTIFICATION

I certify, to the best of my knowledge, that the information on this application is complete and accurate. Falsification of any information will cause my disqualification from the scholarship competition. **I certify that I am a high school senior graduating in the spring of 2008 and will be entering my freshman year of college/university or vocational/technical school in the fall of 2008.**

I understand it is my responsibility to make sure this application is completed and received by the required deadline listed on the application. Furthermore, I understand that if my application is not complete, or if I do not submit my application by the receive-by deadline, I will be disqualified from the scholarship competition. I also understand that if I am awarded a scholarship, under no circumstances may an award be deferred barring illness, emergency or military service.

This application, upon receipt, becomes the property of the scholarship sponsor, and of Scholarship Program Administrators, Inc., the administrator of the scholarship program.

If selected as a winner of the NFIB Young Entrepreneur Award, I authorize NFIB and/or Scholarship Program Administrators, Inc. to use my name or likeness in any marketing or announcement materials. I also authorize that sponsors of an award may contact me directly once a scholarship has been named.

**To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby give permission for school officials to release my secondary school record and other requested information, if necessary.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If the student is under 18 years old)

**All questions should be directed to Scholarship Program Administrators, Inc. at (615) 320-3149.**