

Young Entrepreneur Project

Application: 25 will be accepted

About YOU: Please fill out the application and help us get to know you and what you expect from this program. If you need more space please use the back of the application to continue your answers.

Name: _____

Your home phone _____ Cell Phone _____

Email: _____

Mailing address: _____

Education: Currently attending _____ (name of school) Not currently attending school

1. How did you find out about the Young Entrepreneurs Project?

2. What do you hope to gain by participating in the project?

3. Are you interested in starting a business? _____

Do you have any ideas yet? _____

4. Does or has anyone in your family owned a business? _____

If so, what kind of business? _____

5. What do you feel are your personal strengths? _____

6. What are your short and long-term goals? _____

7. What do you see as challenges to reaching your goals? _____

8. Please tell us why you think you would be a valuable contributor to this project. _____

9. Can you attend ALL 9 class meetings from 3:30-6:00 p.m. on Tuesdays and Thursdays at Cabrillo College?

Yes _____ No _____ Not sure _____

Please return this application to your teacher, counselor OR mail, fax, call, sign up on-line

Fax: 831.477.5636 Mail: YFIOB, 6500 Soquel Drive, BLDG. 2100 B, Aptos, CA 95003 www.yfiob.org

For more information please call: 831.477.5651