

**Date Due to High School Counselor - February 1, 2017**



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CREATING ENTREPRENEURIAL  
OPPORTUNITIES

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**2017-2018 Student Application**

Dear Applicant:

The Creating Entrepreneurial Opportunities (CEO) Class Board of Directors welcomes your application to participate in the 2017-2018 CEO Class.

CEO is a year-long course designed to utilize partnerships that provide an overview of business development and processes. The local business community partners with area schools to create project based experiences for students by providing funding, expertise, meeting space, business tours and one-on-one mentoring. Students visit area businesses, learn from guest speakers, participate in a class business, write business plans, and start and operate their own business. Business concepts learned through the experiential CEO class are critical; the 21<sup>st</sup> century skills of problem solving, teamwork, self-motivation, responsibility, higher order thinking, communication and inquiry are at the heart of student development throughout the course.

The class meets for 1 ½ hours each school day from 7:30-9:00 am in a variety of businesses. The class is completely supported financially by our CEO Business Investors.

The attached application must be completed in full and returned to your guidance counselor on or before the date indicated above. You will be notified of your acceptance status by May 1, 2017. The decision of the judges is final and no exceptions will be made.

Thank you for your interest in CEO. We look forward to reviewing your application.

CEO Board of Directors

**2017-2018 CEO CLASS APPLICATION**

Blind Judging # \_\_\_\_\_  
Date Due to Guidance Counselor – February 1, 2107

Student Name \_\_\_\_\_  Male  Female

Home Address \_\_\_\_\_  
                            Street Number                      Street or Route                      City                      State                      Zip

Student Telephone (\_\_\_\_\_) \_\_\_\_\_ Student Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Email address \_\_\_\_\_

Name of High School \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Parent or Legal Guardian’s Full Name \_\_\_\_\_

Parent or Legal Guardian’s Home Address (*if different than above*)  
\_\_\_\_\_

Parent or Legal Guardian’s Telephone (\_\_\_\_\_) \_\_\_\_\_

Parent email address \_\_\_\_\_

**Student Statement and Signature**

- *I certify that to the best of my knowledge all of the information I have provided is accurate and that the work submitted is my own.*
- *I acknowledge that information about my selection to the CEO Class and the projects that I develop in CEO may be shared with the public.*
- *I understand that it is my responsibility to return this form and the required attachments to my guidance counselor. I further recognize that it is my responsibility to stay in touch with my guidance counselor to ensure that the application is filed in complete form and submitted in a timely manner.*
- *I agree to participate in a formal interview process prior to my selection to the program, if requested.*
- *I understand that if I am selected and participate in the CEO Class, I am making an ongoing commitment to remain engaged with the CEO Program as an alumni.*

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian’s Statement and Signature**

- *I have reviewed the information on this form and give my permission for my child to proceed with the application process. I authorize my child’s school and its employees to release any information necessary for this application.*
- *I recognize that it is my child’s responsibility to ensure that the complete application is filed in accordance with the stated deadline.*
- *I understand that the application becomes the property of the school and cannot be returned.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **APPLICATION RATING SYSTEM:**

- Personal Narrative Statement – 60 Points
- Guidance Counselor Character Reference – 20 Points
- 2 Additional Character References – 10 points each

## **PERSONAL NARRATIVE STATEMENTS (60 points):**

- Please submit the narrative as a one page separate document, typed, double-spaced, 12 point font, with 1" margins.
- Please do not bind the application or place it in a folder. Simply paper clip the pages together.
- Applicant name should be at the top of the narrative page.
- Please address the following questions in your narrative.
  1. Introduce yourself to the selection committee. Please provide examples of your personality, work style, skills, and goals.
  2. Why are you are interested in the CEO Class?
  3. If you have ever started or considered starting your own business, please describe that idea or business as a part of this narrative.

## **REFERENCES (40 Points Total)\***

Please request three Character Reference Forms as follows:

- One Personal Reference **(10 Points)**
- One Business Reference **(10 Points)**
- One High School Guidance Counselor Reference **(20 Points)**

**NO MORE THAN 2 PERSONAL AND/OR BUSINESS REFERENCES CAN BE SUBMITTED.**

**Please deliver the attached form to each reference and ask them to send the completed form to the following address (reference forms should not be attached to the student application):**

CEO Applicant  
c/o Greater Taylorville Chamber of Commerce  
108 West Market Street, 2<sup>nd</sup> Floor  
Taylorville, IL 62568

\*All completed reference forms must be received by the Due Date noted at the top of the Application.

The Guidance Counselor may send their form in with the application.

CHARACTER REFERENCE QUESTIONAIRE: for \_\_\_\_\_

(Student name):

|                      | Excellent | Good  | Average | Below-Average |
|----------------------|-----------|-------|---------|---------------|
| Motivation           | _____     | _____ | _____   | _____         |
| Work Ethic           | _____     | _____ | _____   | _____         |
| Responsibility Level | _____     | _____ | _____   | _____         |
| Communication        | _____     | _____ | _____   | _____         |
| Initiative           | _____     | _____ | _____   | _____         |
| Character            | _____     | _____ | _____   | _____         |
| Maturity             | _____     | _____ | _____   | _____         |
| First Impression     | _____     | _____ | _____   | _____         |
| Sense of Humor       | _____     | _____ | _____   | _____         |

How long have you known the applicant? \_\_\_\_\_ Are you related in any way? \_\_\_\_\_

Why do you believe the applicant is well-suited for CEO? \_\_\_\_\_

How do you feel the student will be able to handle the responsibility of attending class off-campus, driving to and from class, meeting with community leaders, and representing CEO?

Additional comments regarding student concerns, challenges, special qualities or any other information that is important for the committee to consider may be attached to the application, if needed.

Name (print) \_\_\_\_\_  Business  Personal

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail this form to: CEO Applicant Reference, c/o Greater Taylorville Chamber of Commerce, 108 West Market Street, 2<sup>nd</sup> Floor, Taylorville, IL 62568.

CHARACTER REFERENCE QUESTIONNAIRE: for \_\_\_\_\_

(Student name):

|                      | Excellent | Good  | Average | Below-Average |
|----------------------|-----------|-------|---------|---------------|
| Motivation           | _____     | _____ | _____   | _____         |
| Work Ethic           | _____     | _____ | _____   | _____         |
| Responsibility Level | _____     | _____ | _____   | _____         |
| Communication        | _____     | _____ | _____   | _____         |
| Initiative           | _____     | _____ | _____   | _____         |
| Character            | _____     | _____ | _____   | _____         |
| Maturity             | _____     | _____ | _____   | _____         |
| First Impression     | _____     | _____ | _____   | _____         |
| Sense of Humor       | _____     | _____ | _____   | _____         |

How long have you known the applicant? \_\_\_\_\_ Are you related in any way? \_\_\_\_\_

Why do you believe the applicant is well-suited for CEO? \_\_\_\_\_

How do you feel the student will be able to handle the responsibility of attending class off-campus, driving to and from class, meeting with community leaders, and representing CEO?

Additional comments regarding student concerns, challenges, special qualities or any other information that is important for the committee to consider may be attached to the application, if needed.

Name (print) \_\_\_\_\_  Business  Personal

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail this form to: CEO Applicant Reference, c/o Greater Taylorville Chamber of Commerce, 108 West Market Street, 2<sup>nd</sup> Floor, Taylorville, IL 62568.

**GUIDANCE COUNSELOR REFERENCE for:** \_\_\_\_\_

(Student name):

|                      | Excellent | Good  | Average | Below-Average |
|----------------------|-----------|-------|---------|---------------|
| Motivation           | _____     | _____ | _____   | _____         |
| Work Ethic           | _____     | _____ | _____   | _____         |
| Responsibility Level | _____     | _____ | _____   | _____         |
| Communication        | _____     | _____ | _____   | _____         |
| Initiative           | _____     | _____ | _____   | _____         |
| Character            | _____     | _____ | _____   | _____         |
| Maturity             | _____     | _____ | _____   | _____         |
| First Impression     | _____     | _____ | _____   | _____         |
| Sense of Humor       | _____     | _____ | _____   | _____         |

How long have you known the applicant? \_\_\_\_\_ Are you related in any way? \_\_\_\_\_

Why do you believe the applicant is well-suited for CEO? \_\_\_\_\_

How do you feel the student will be able to handle the responsibility of attending class off-campus, driving to and from class, meeting with community leaders, and representing CEO?

Indicate your recommendation for the applicant:

- Highly recommend   
 Recommend   
 Recommend with reservations   
 Not recommended

Please explain why you allocated this rating

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name (print) \_\_\_\_\_  Guidance Counselor

School: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail this form and student application to: CEO Applicant Reference, c/o Greater Taylorville Chamber of Commerce, 108 West Market Street, 2<sup>nd</sup> Floor, Taylorville, IL 62568.**