

For office use.

E P F A W

PLEASE PRINT OR APPLY ONLINE at www.wbw.org



Student's Last Name		First Name		Birth Date (m/d/y)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address			Apt #	Home Phone ( )	
City	State	Zip Code		Student Cell ( )	<input type="checkbox"/> Text Messages okay
County		Student's Email Address			
High School		Academic Grade you will complete in June 2011: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
T-Shirt Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL					
Activities/Clubs: <input type="checkbox"/> DECA <input type="checkbox"/> FBLA <input type="checkbox"/> Honor Society <input type="checkbox"/> HERO <input type="checkbox"/> Other _____					
How or where did you hear about the Business Week programs? <b>BECU</b>					

### 2011 CAMP WEEK CHOICES

Number the program or pathway you want to attend "1" and "2" in order of preference. If your first program choice is filled, we will try to place you in the program indicated as your second choice. Early applicants will have preferential treatment in regards to the assignment of week and program. You will be notified if you are placed on a waitlist.

- Business Week Program**  
 \_\_\_\_\_ WWU (Bellingham) June 19-25  
 \_\_\_\_\_ GU (Spokane) July 10-16  
 \_\_\_\_\_ CWU (Ellensburg) July 17-23  
 \_\_\_\_\_ PLU (Tacoma) July 31-Aug 6

- Healthcare Week Pathway**  
 \_\_\_\_\_ GU (Spokane) July 10-16  
 \_\_\_\_\_ PLU (Tacoma) July 31-Aug 6

- Energy Week Pathway**  
 \_\_\_\_\_ CWU (Ellensburg) July 17-23

- Advanced Business Week Program**  
*Business Week is a prerequisite.*  
 \_\_\_\_\_ CWU (Ellensburg) July 17-23

- Get AMPT! Manufacturing Week Pathway**  
 \_\_\_\_\_ WWU (Bellingham) June 19-25

Transportation is **not** provided. We suggest carpooling. Host universities offer free shuttle service from the local airport, bus station or train depot to the campus (except PLU).

### PARENT/GUARDIAN INFORMATION

Parent/Guardian #1	Parent/Guardian #2
Relationship	Relationship
Primary Phone ( )	Primary Phone ( )
Place of Employment/Title	Place of Employment/Title
Work Phone ( )	Work Phone ( )
Cell Phone <input type="checkbox"/> Text Messages okay ( )	Cell Phone <input type="checkbox"/> Text Messages okay ( )
Email Address	Email Address

### RETURNING STUDENTS

- Students may not repeat the same program or pathway.
- Business Week is a prerequisite for Advanced Business Week.
- In order to attend another program, returning students are required to submit this completed application and the following documents:
  - A letter of recommendation from their past Company Advisor. Please have your CA email the letter directly to registrar@wbw.org with your name included in the letter. If you need your CA's contact information, email registrar@wbw.org or contact Alisa at 253-815-6900.
    - CA recommendation requested on \_\_\_\_\_ (date)
  - Attach a short essay/paragraph telling us why you want to attend another program and what skills and experience you will offer to your company.
    - Essay attached

R  
L  
C

What Business Week Program(s) did you attend?

Pathway: \_\_\_\_\_ University: \_\_\_\_\_ Year: \_\_\_\_\_

Pathway: \_\_\_\_\_ University: \_\_\_\_\_ Year: \_\_\_\_\_

### ACCEPTANCE EMAIL ADDRESS

Please provide an email address that will be checked regularly and will not be changed until after August 2011 (i.e. parent or guardians email address). All correspondence and acceptance materials will be emailed directly to this address. Be sure to add [registrar@wbw.org](mailto:registrar@wbw.org) to your safe list.

Acceptance Email Address	Additional Email Address (Optional)
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### STUDENT AND PARENT SIGNATURES (REQUIRED)

If accepted, I agree to make a sincere effort to push myself and grow during the week.

I give my support and permission for my student to attend a Business Week Program.

STUDENT SIGNATURE

PARENT SIGNATURE



Student's Last Name

First Name

**PAYMENT INFORMATION**

You may send your registration fee with this registration form. The balance of your registration fee is due within three weeks of the date you receive notification that you are accepted into the program unless special arrangements have been made. Failure to pay the fee and complete required forms may result in cancellation of your registration.

**NOTE:** If you wish to make arrangements for a payment plan, please contact Alisa at the Business Week office at: (253) 815-6900 or (800) 686-6442.

Please select an option:  I am a BECU member.

**BECU**  
Members  
Save \$50

- My ~~\$350~~ registration fee is attached. (Please make check or money orders payable to *Washington Business Week.*)
- I will pay the registration fee within three weeks of receiving notice of acceptance into the program (unless I make special arrangements with WBW).
- I am requesting financial assistance. (To apply for financial assistance, please complete the Financial Assistance section.)
- I would like to contribute to the Financial Assistance Fund to help other students attend a program; my tax deductible donation of \$\_\_\_\_\_ enclosed/to be invoiced. (WBW is a 501(c)(3) organization.)

Please charge the registration fee to the credit card below. (Your credit card statement will show: *Washington Business Week.*)

**Cancellations**

If you must cancel for any reason, please notify us so that we may give your sponsorship to another student. Based upon program availability, we will gladly transfer you to another program or week.

**Refund Policy**

- A full refund is given if you cancel at least 3 weeks prior to the program.
- All but \$50 will be refunded if you cancel less than 3 weeks prior to the start of the program.
- Once your scheduled week begins, no refunds will be given except for valid medical reasons. If this is the case, your registration fee, less \$100, will be returned.

Amount:  \$  Visa  M/C  AmEx  Discover

Account # \_\_\_\_\_ Exp. / \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ACCEPTANCE INSTRUCTIONS**

After review of your application, you will be notified by email of your acceptance status. If accepted, you will receive acceptance instructions and a link to our Medical Release and Code of Conduct forms which must be completed within three weeks of your acceptance. Approximately two weeks before the start of the program you will receive additional information and last minute instructions.

*Washington Business Week and the Pathways are programs of The Foundation for Private Enterprise Education, a 501(c)(3) organization. We provide equal opportunity to participate in all the rights, privileges, and activities sponsored by the organization regardless of the participant's race, color, sex, national or ethnic origin, religion, or sexual orientation. The Foundation does not discriminate in the administration of its educational scholarship policies and strives to provide every student full opportunity of participation in all scheduled activities. All information received by Washington Business Week will remain strictly confidential.*

**FINANCIAL ASSISTANCE APPLICATION**

The Foundation for Private Enterprise Education, otherwise known as Washington Business Week, is a 501(c)(3) non-profit organization. Our goal is to ensure that every student is given the opportunity to attend the program. Applying for financial assistance does not affect the decision on acceptance into Washington Business Week programs. Financial assistance is available to families who cannot afford the full \$350 registration fee. These funds are provided by our contributors and are limited. To request financial assistance, please completely fill out the information below. **All financial assistance applications should be submitted as early as possible as funds are limited.**

**TO BE COMPLETED BY THE PARENT/GUARDIAN**

*Please complete the financial assistance application in its entirety or it will not be considered.*

Indicate total monthly household income before taxes (excluding the student's income):

- Under \$2,000
- \$2,000-\$3,000
- \$3,000-\$4,000
- \$4,000-\$5,000

Number of family members supported by this income: \_\_\_\_\_

Does the student qualify for a school lunch program?  Free  Reduced  No

Indicate the student's employment status:  Year round  School breaks  Not employed

Indicate the student's income: \_\_\_\_\_

Please indicate the maximum amount of the \$350 registration fee you feel you can afford to pay:  \$300  \$250  \$200  \$150  \$100

*In most cases, the family or another source must pay a minimum of \$100. If none of these amounts is truly affordable, please contact the Business Week office after you have submitted this application.*

**REQUIRED - Explain why you would like to be considered for financial assistance. Include any special circumstances. (Attach an additional sheet if more space is needed.) PLEASE PRINT.**

**I hereby acknowledge that all the included information is truthful and accurate to the best of my knowledge. I understand that falsification of any information regarding my financial status will disqualify my student from receiving financial assistance.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_