



## Maverick Young Entrepreneur Boot Camp Scholarship Form

### Student Information

Student name: \_\_\_\_\_ Parent/Guardian name: \_\_\_\_\_

Student email: \_\_\_\_\_ Parent/Guardian email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Student age: \_\_\_\_\_ Grade entering fall 2014: \_\_\_\_\_

School name: \_\_\_\_\_ School phone: \_\_\_\_\_

Referring counselor/teacher name: \_\_\_\_\_ Email: \_\_\_\_\_

### Scholarship

It is the goal of the Maverick Young Entrepreneur Boot Camp to ensure that every interested student is given the opportunity to attend the program. Scholarships up to \$120 will be made available to families who cannot afford the full fee (\$170).

Please respond to the questions below, use an additional sheet if necessary.

Does the student qualify for free or reduced lunch program?  Yes  No

Describe student's interest in participating in the Maverick Young Entrepreneur Boot Camp.

#### \* PARENT/GUARDIAN COMMITMENT

I agree to support my student's participation in the Maverick Young Entrepreneur Boot Camp. My student will be able to attend all activities for the selected program and I will arrange schedules and transportation accordingly.

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

SAVE completed form to your computer, attach to an email and send to: [deesley@unomaha.edu](mailto:deesley@unomaha.edu)