

**Wright Technical Center CEO Class  
2017-2018 Student Application  
WrightTechCEO.com**

Dear Applicant:

The Creating Entrepreneurial Opportunities (CEO) Class Board of Directors welcomes your application to participate in the 2017-2018 CEO Class. Please be advised that the CEO class is only open to students who will be in the 11<sup>th</sup> or 12<sup>th</sup> grade during the 2017-18 school year.

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 a.m. in a variety of businesses. The class is facilitated by Mark Lee and completely supported financially by our CEO Business Investors.

The attached application must be completed in full and returned to your counselor on or before the date indicated above. 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

Additional class information can be found at [WrightTechCEO.com](http://WrightTechCEO.com).

WRIGHT TECH **CEO**®

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CREATING ENTREPRENEURIAL  
OPPORTUNITIES

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**2017-2018 CEO CLASS APPLICATION**

**Blind Judging # \_\_\_\_\_**  
**Date Due to Counselor: March 15, 2017**

**Student Name** \_\_\_\_\_

Male  Female

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

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

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

Name of High School \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
(Please be advised that the CEO class is only open to students who will be in the 11<sup>th</sup> or 12<sup>th</sup> grade during the 2017-18 school year.)

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

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

Parent or Legal Guardian's Telephone (\_\_\_\_\_) \_\_\_\_\_ (*if different than student number*)

Parent email addresses \_\_\_\_\_

**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 understand it is my responsibility to provide my own transportation to class and tours every morning.*
- *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 understand it is my child's responsibility to provide their own transportation to class and tours every morning.*
- *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
- 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 Owner Reference **(10 Points)**
- One High School Counselor Reference **(20 Points)**

**NO MORE THAN 3 REFERENCES CAN BE SUBMITTED.**

**Please deliver one of the attached reference forms and a business envelope to each reference and ask them to return the completed form to you in a sealed envelope before March 15, 2017.**

**Your signed CEO class application, personal narrative statement and sealed references should be given to your counselor to be sent inter-office mail to Wright Technical Center on or before March 15, 2017.**

Return to CEO Applicant in a sealed envelope before: March 15, 2017  
Please refrain from using the student's name in your comments. Thank You.

**PERSONAL CHARACTER REFERENCE QUESTIONNAIRE** for: \_\_\_\_\_  
(Student name):

|   | Excellent | Good  | Average | Below-Average |
|---|-----------|-------|---------|---------------|
| Motivation  | _____     | _____ | _____   | _____         |
| Work Ethic  | _____     | _____ | _____   | _____         |
| Responsibility Level                                      | _____     | _____ | _____   | _____         |
| Communication   | _____     | _____ | _____   | _____         |
| Initiative  | _____     | _____ | _____   | _____         |
| Character   | _____     | _____ | _____   | _____         |
| Maturity  | _____     | _____ | _____   | _____         |
| First Impression  | _____     | _____ | _____   | _____         |
| Team Player<br>(knows when to lead, knows when to follow) | _____     | _____ | _____   | _____         |

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) \_\_\_\_\_

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

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

Please give this completed form to the CEO applicant in a sealed envelope before March 15, 2017.

**Wright Technical Center CEO Class**

**Blind Judging #** \_\_\_\_\_

**Return to CEO Applicant in a sealed envelope before: March 15, 2017**

**Please refrain from using the student's name in your comments. Thank You.**

**BUSINESS OWNER CHARACTER REFERENCE for:** \_\_\_\_\_

*(this does not need to be your employer, simply a business owner)*

*(Student name):*

|   | Excellent | Good  | Average | Below-Average |
|---|-----------|-------|---------|---------------|
| Motivation  | _____     | _____ | _____   | _____         |
| Work Ethic  | _____     | _____ | _____   | _____         |
| Responsibility Level                                      | _____     | _____ | _____   | _____         |
| Communication   | _____     | _____ | _____   | _____         |
| Initiative  | _____     | _____ | _____   | _____         |
| Character   | _____     | _____ | _____   | _____         |
| Maturity  | _____     | _____ | _____   | _____         |
| First Impression  | _____     | _____ | _____   | _____         |
| Team Player<br>(knows when to lead, knows when to follow) | _____     | _____ | _____   | _____         |

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) \_\_\_\_\_

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

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

Please give this completed form to the CEO applicant in a sealed envelope before March 15, 2017.

**Wright Technical Center CEO Class**

**Blind Judging #** \_\_\_\_\_

**Please refrain from using the student's name in your comments. Thank You.**

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

*(Student name):*

|   | Excellent | Good  | Average | Below-Average |
|---|-----------|-------|---------|---------------|
| Motivation  | _____     | _____ | _____   | _____         |
| Work Ethic  | _____     | _____ | _____   | _____         |
| Responsibility Level                                      | _____     | _____ | _____   | _____         |
| Communication   | _____     | _____ | _____   | _____         |
| Initiative  | _____     | _____ | _____   | _____         |
| Character   | _____     | _____ | _____   | _____         |
| Maturity  | _____     | _____ | _____   | _____         |
| First Impression  | _____     | _____ | _____   | _____         |
| Team Player<br>(knows when to lead, knows when to follow) | _____     | _____ | _____   | _____         |

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) \_\_\_\_\_  Counselor

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

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

Please give this completed form to the CEO applicant in a sealed envelope before March 15, 2017.