

Application & Selection Process Guidelines

Application Process:

The CEO Selection Committee will be looking for candidates who show dependability, reliability and loyalty through their school attendance, drive and initiative through references and letters of recommendations; complete a narrative statement introducing personality, work style, technical skills and reasons why the student wants to be in the CEO Class. Applicants will also complete a questionnaire reflecting their entrepreneurial abilities. Both the applicant and their parent or guardian must sign the application.

Dates to Remember:

November 9Application form will be available for download from WACC CEO website www.wacc-ceo.com **January 31***Prioity Placement Deadline*. Application packet submission to guidance

COUNSEIOr. Submissions after January 31st will not be considered (see East Region Enrollment for exception below).

February4 Counselor submits application packet to CEO Selection Committee

February 6-7..... Selection Committee Reviews

February 13Students will be notified of class selection

*If a larger number of applications are received, an interview process may be initiated.

<u>East Region Enrollment</u> - Students from Dixon, Amboy, AFC, Polo, Forreston, Ohio and Oregon, may choose to complete their application packet and forward it to their counselor who must forward it to Dawn Arians (darians@wacc.cc) at WACC along with the completed Guidance Counselor Recommendation Form by <u>March 11</u>.

<u>Personal References</u> - the Student is responsible for securing the three Letters of Recommendation and making sure that the letters are sent to their Counselor. The reference may enclose their letter in a sealed envelope and give to the Student who forwards it to the Counselor. Or, for additional confidentially, the Student can provide the reference with the Counselor's address for mailing, then follow up with the Counselor to be sure that it is received prior to the deadine.

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CEO Student Introduction

Introduction:

Dear Applicant:

The Creating Entrepreneurial Opportunities (CEO) Class Advisory Board welcomes your application to participate in the 2019-2020 CEO Class. This course is supported by the business community in the Sauk Valley region in partnership with the member schools of the Whiteside Regional Vocational System. The class meets at a variety of businesses in the region and is facilitated by LeAndra Hartman in collaboration with our business partners.

As a member of the CEO Class, you will be challenged in new and exciting ways, and you will learn from some of the best and brightest business minds in the area. In addition, you will have the opportunity to develop a lasting and important network of contacts.

The class meets for 1.5 hours each school day and you can plan on spending time outside of the school day following through with the work and projects of the class.

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

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

The CEO Advisory Board

CREATING ENTREPRENEURIAL OPPORTUNITIES (CEO) CLASS

• Application •

Part I: Student Information:			
Date:			
Student Name:	□ Male □ Female		
Home Address:			
Street Number/Street or Route/ City /State/ Zip			
Student Telephone: Student Date of	f Birth:		
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):			
Street Number/ Street or Route/ City /State/ Zip			
Parent or Legal Guardian's Telephone:	(if different than student number)		
Parent email address:			
If accepted, you be willing and able to attend class if he	eld in Dixon? Yes No		

(Application Continued ...)

Part II. Narrative Statement:

Introduce yourself to the Selection Committee. This statement should reveal your personality, work style, technical skills, why you are interested in the CEO Class and how you intend to contribute to the program. Please include any work experience or entrepreneurial activities you have undertaken (babysitting, detasseling, lawn mowing, lemonade stand, online sales, etc.) If you have ever started or considered starting your own business, please describe that idea or business as a part of this narrative.

Format: Essay format, 1 page maximum, typed, double-spaced, letter quality font no smaller than 12 point, margins should be 1 inch on the top, sides and bottom. Your name should appear at the top of the page.

Part III. References:

Please obtain 3 Letters of Recommendation** and have them sent to your Counselor.

- 1 Personal Recommendation (neighbor, pastor, etc.)
- 1 Education Recommendation (teacher, coach, principal, etc.)

 (Guidance Counselor's Statement, as required in Part IV, is not to be included as a reference letter.)
- 1 Business Recommendation (employer or someone you have done work for)
- **Recommendation letters cannot include family members.

Part IV. Guidance Counselor Recommendation Form:			
1)) Student grades and transcripts will not be required for the application.		
2)	Student Attendance Record:		
	Number of Absences this school year: If the number exceeds 10, please state reason(s) for the absences and if this is a pattern that has been consistent throughout the student's high school career.		
	Number of tardies this school year: If the number exceeds 5, please state reason(s) for tardies and if this is a pattern that has been consistent throughout the students' high school career.		
3)	3) Please conduct a brief interview with student(s) and rate the following questions based on your evaluation of the student's responses:		
	a) The student has the motivation necessary to be successful and to follow through on the expectations of the program? (Check answer)		
	☐ Strongly Agree ☐ Agree ☐ Somewhat Disagree ☐ Disagree		
	b) The student has short and long term goals that would be applicable to the CEO Program and curriculum.		
	☐ Strongly Agree ☐ Agree ☐ Somewhat Disagree ☐ Disagree		
	c) The student will be able to handle the responsibility of attending class off-campus, driving to and from class, and meeting with community leaders.		
	☐ Strongly Agree ☐ Agree ☐ Somewhat Disagree ☐ Disagree		
4)	Please check one selection below to indicate your recommendation for the applicant: Highly Recommend Recommend Not Recommended		
5)	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:		
6)	Counselor's Signature: Date:		

Part V: What is Your Entrepreneurial Quotient?

Please indicate your answer by selecting Yes or No beside each question.

Yes No

- 1. I don't like being told what to do by people who are less capable than I am.
- 2. I like challenging myself.
- 3. I like to win.
- 4. I like being my own boss.
- 5. I always look for new and better ways to do things.
- 6. I like to question conventional wisdom.
- 7. I like to get people together in order to get things done.
- 8. People get excited by my ideas.
- 9. I am rarely satisfied or complacent.
- 10. I can't sit still.
- 11. I can usually work my way out of a difficult situation.
- 12. I would rather fail at my own thing than succeed at someone else's.
- 13. Whenever there is a problem, I am ready to jump right in.
- 14. I think old dogs can learn even invent new tricks.
- 15. Members of my family run their own businesses.
- 16. I have friends who run their own businesses.
- 17. I work after school and during vacations.
- 18. I get an adrenaline rush from selling things.
- 19. I am exhilarated by achieving results.

Applicant's Signature

Part VI. Statement and Signatures:

- 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 there 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 understand that it is my responsibility to secure three personal Letters of Recommendation as described in the application and to make certain that the letters are received by my Counselor. I further acknowledge my responsibility to stay in touch with my Guidance Counselor to ensure that the application is filed in complete form and submitted to WACC in a timely manner.

Date:

• I agree to participate in a formal interview process prior to my selection to the program, if requested. I agree to submit my transcripts if requested.

Applicant 5 orginature:	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 filled in accordance with the stated deadline(s).	
• I understand that the application becomes the property of the school and cannot be returned.	
Parent/Guardian Signature:	Date:

Thank you for applying.