

No Limit Health and Education 2016 N.B.A  
application and permission slip



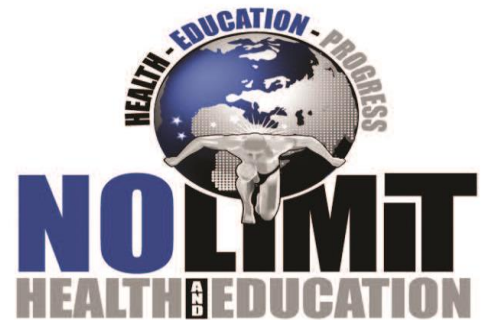
# NO LIMIT BUSINESS ACADEMY (N.B.A.)

Three-day onsite college readiness experience

Location: 100 Weldon Boulevard, Sanford, FL  
32773 (SSC main Campus)

Dates: Monday, June 29, 2015 - Wednesday, July 1, 2015  
(Time each day 9:00 am—4:00 pm)

No Limit Health and Education, united with Seminole State College to create a three (3) day entrepreneurship and business leadership experience that will offer twenty-five (25) rising high school juniors and seniors hands-on experiences and team projects with local business leaders and faculty members.



In this program, students will discuss the basics of business and entrepreneurship in today's fast-paced and fascinating business world. From a strategic, managerial decision-making perspective, you'll learn about the functional areas of business such as:

- Creating a business plan
- Management, leadership, and employee empowerment
- Marketing
- Financial information and accounting
- Much more...

**SIGN UP TODAY!**

Space is limited to  
25 participants

**Contact Information** Phone: 407-792-9591 | Email: [Info@NoLimitEmpowerment.org](mailto:Info@NoLimitEmpowerment.org)

Brought To You By The Collaborative Efforts of:  
No Limit Health and Education (a 501 (C) 3 Corporation) & Seminole State College

Thank you for your interest in “No Limit Business Academy” (N.B.A), introduction to business and entrepreneurship. To apply to the summer college readiness program, you must be a rising high school age student. In addition, you must complete and submit all required application materials listed below.

**STEPS 1 & 2:** Complete the application form and required essays. Make sure you fully answer all required questions. Once completed, please email the application form to [Info@NolimitEmpowerment.org](mailto:Info@NolimitEmpowerment.org).

### Short Responses

Essays help us learn more about you as a person. Please type your responses to the questions in the spaces provided. Each response must be a minimum of 50 words.

1. Leadership as a term has evolved over the years. Give us your definition of what a 21st century leader looks like and how are you developing yourself to become one?
2. What do you hope to gain from your “No Limit Business Academy” (N.B.A) experience?

### Personal Statement

Write a personal statement (up to 100 words) Describing the world you come from – for example, your family, community or school – and tell us how your world has shaped your dreams and aspirations.

### STEP 3: What is your shirt size (Polo)?

### APPLICATION ASSISTANCE

If you need assistance with the application, please contact No Limit Health and Education at (407) 259-2972 or 321-696-0914 or [INFO@Nolimitempowerment.org](mailto:INFO@Nolimitempowerment.org).

### Location

“No Limit Business Academy” will be held on the Seminole State College main campus located at 100 Weldon Boulevard Sanford, FL 32773-61999 | 407.708.4722 | [seminolestate.edu](http://seminolestate.edu). All applicants accepted will be notified of the exact building and classroom through email.

### TRAVEL ACCOMMODATION

Admitted students must be able to provide or arrange their own transportation to and from Seminole State College for all three days.

### NOTIFICATION

All applicants will be notified on or the week of June 20, 2016. Notification for the program and all future correspondence will be conducted through email. Please be sure to provide a valid email address. Notification will not be made by telephone. The decisions of the selection committee are final. **Application Deadline: June 6, 2016.**

---

### PERSONAL INFORMATION

Student Legal Name: \_\_\_\_\_  
Last (Family) First M.I. Suffix (Jr., Sr., etc.)

GENDER:  MALE  FEMALE DATE OF BIRTH: \_\_\_\_\_

FROM WHOM DID YOU RECEIVE THIS APPLICATION?  
 Parent  Teacher/Counselor: Name: \_\_\_\_\_  Other: \_\_\_\_\_

Foreign Language Proficiency: \_\_\_\_\_

Career Aspiration: \_\_\_\_\_ Role Model: \_\_\_\_\_

Favorite Quote: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are two (2) goals you have set for yourself this summer:  
 \_\_\_\_\_  
 \_\_\_\_\_

What type of business would you like to start or run?  
 \_\_\_\_\_  
 \_\_\_\_\_

Tell us what skill or knowledge would you like to gain through N.B.A? Briefly explain how this will help you in your future business endeavors.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PERMANENT ADDRESS

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

### ETHNIC BACKGROUND

PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR ETHNIC BACKGROUND.

African American  Asian American/Pacific Islander: PLEASE SPECIFY: \_\_\_\_\_

Caucasian  Latino: PLEASE SPECIFY: \_\_\_\_\_

Native American\*  Other: PLEASE SPECIFY: \_\_\_\_\_

Multi-Racial: PLEASE SPECIFY: \_\_\_\_\_

**ACADEMIC INFORMATION**

High School Name: \_\_\_\_\_

High School Address: \_\_\_\_\_

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

WHAT GRADE WILL YOU BE IN FOR THE 2016-2017 SCHOOL YEAR: \_\_\_\_\_

Name of Counselor/Advisor: \_\_\_\_\_

Counselor/Advisor Email Address: \_\_\_\_\_

**EXTRACURRICULAR AND COMMUNITY ACTIVITIES**

List the school and community activities that are most important to you since the beginning of 9th grade. List any offices held and leadership roles first. Please be sure to note any memberships in business-oriented organizations. You may email a copy of your resume or activity sheet along with your application to [INFO@Nolimitempowerment.org](mailto:INFO@Nolimitempowerment.org).

ACTIVITY	GRADE LEVEL	HOURS PER WEEK	POSITIONS HELD/HONORS WON
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11		
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11		
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11		

Tell us about a leadership experience you have had in any area of your life (e.g. school, athletics, family, church, community etc.) How and why did you become a leader in this area? How has the experience influenced your goals?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alt Contact: \_\_\_\_\_

**Parent/Guardian INFORMATION**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Parent/Guardian Permission**

**I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

Print Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 years old, parent or guardian must also sign)

**PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in these activities, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Parent's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the information I have provided in this application (including any supplemental information) is factually true and honestly presented and that the above named applicant is submitting this application.

I understand that it is my responsibility to submit a completed application by the June 13, 2015 deadline.

Applicant's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_



**NO LIMIT**  
HEALTH EDUCATION

## “Getting Down To Business” (Step Two)

Please make sure fully answer all required short answer and essay questions. No Limit Health and Education staff will only review applicants who submit the completed application form, short responses, personal statement, and one recommendation forms.

### Short Responses

---

Essays help us learn more about you as a person. Please type your responses to the questions in the spaces provided. Each response must be a minimum of 50 words in complete sentences or bullet points.

---

Leadership as a term has evolved over the years. Give us your definition of what a 21st century leader looks like and how are you developing yourself to become one?

---

What do you hope to gain from you “No Limit Business Academy” experience?



**Youth Release & Consent Form**

**Photography/Media/Press:**

I understand that my youth image may be displayed in the community and on our No Limit Health and Education website and youth might be in contact with the press. It may be necessary for program staff to photograph or video program activities to advertise the program or other purpose. I give permission for program staff to photograph or video tape my child.

**Medical Consent:**

I understand that there are some risks inherent in the activities that are included in the program, but willingly assume these risk in order to allow my youth to participate. If I cannot be reach in the event of an emergency, I give permission for any care or treatment by a physician, surgeon, hospital, nurse, doctors assistant or medical care facility that may be required.

**\*Please list any medical problems including allergies that we should be aware of:**

I have read and fully understand the above information and agree to assume all risks.

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

I certify that the supplemental information I have provided is factually true and honestly presented and that the above named applicant is submitting this form:

I understand that it is my responsibility to provide or arrange my own transportation for all three (3) days of the program.

If I cannot or decide not to attend the N.B.A summer program. I will contact the No Limit Health and Education staff fourteen (14) business days prior to camp start date. So, that they can offer the opportunity to another student.

Applicant’s Name: \_\_\_\_\_

Today’s Date: \_\_\_\_\_

---

**Polo Shirt Size (Circle one):**      **Small**      **Medium**  
**Large**      **X-Large**      **XX-Large**      **Other:**

---