



# E CITY

Entrepreneurship:  
Connecting  
Inspiring &  
Teaching  
Youth

My interview is scheduled for:

When: \_\_\_\_\_

Time: \_\_\_\_\_

Where: \_\_\_\_\_

*Bring completed application  
to interview!*

## E City Student Application

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: OH Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Best time to reach you by phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Expected High School graduation date: \_\_\_\_\_

Program Location: \_\_\_\_\_ Teacher: \_\_\_\_\_

### Parent/Guardian Information:

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: OH Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Person to Contact in Case of Emergency:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: OH Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please Answer the Following Questions:**

1. How did you hear about E City?
2. Why do you want to be a part of E City?
3. What do you think you will gain from participation?
4. What will E City and the other participants gain by having you as a participant?
5. List any jobs, internships, and/or volunteer experience you have participated in.
6. List any hobbies and/or extra-curricular activities you are involved with.
7. What are your plans for after graduation from High School?
8. What are your goals or vision for your future?

**Please sign below and return completed form to:**

Nicole Lawrence  
E City  
3635 Perkins Ave., Suite 5 NE  
Cleveland, OH 44114  
Or Fax to: 216-373-7802

***If selected to participate, I hereby agree to complete the program in its entirety, and take full advantage of this worthwhile opportunity.***

*Signature of Student:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Signature of Parent/Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_