



Complete and Return to:

Admissions Office
Northwest Iowa Community College
603 West Park Street * Sheldon, IA 51201

EntrePrep Registration Form

Revised January 29, 2010

SECTION I (to be completed by student - please use ink)

Male or Female (circle) Date of Birth: _____ SS #: _____ Yr of Grad: _____

Telephone: _____

Student Name (last, first, middle initial) PRINT _____

Street _____ City _____ State _____ Zip Code _____

Transcripts must be on file at NCC. COMPASS or ACT SCORE _____ Application Fee \$10 _____

High School Name _____ GPA _____

Teacher's Recommendation: I believe the above student would be a successful and interested participant in the EntrePrep Program.

Signature of Teacher _____

Date _____

Student's Statement of Commitment: I understand that if I am to participate in the EntrePrep Program I will:

- * Participate in one late afternoon/evening orientation.
- * Attend a free, one-week residential Summer Institute.
- * Participate in an internship program of a minimum of 100 hours of work with an entrepreneurial business during an academic year of high school.
- * Attend periodic meetings/seminars during my academic year and complete any other program requirements.
- * Make the necessary time and transportation arrangements to enable myself to participate in this program.

Signature of Student _____

Date _____

Parent's Statement of Commitment: I understand that if my child is selected to participate in the EntrePrep Program, he/she will attend one late afternoon/evening orientation and a free, one-week residential Summer Institute. He/She will also work as a student intern in an entrepreneurial business during his/her academic year of high school and will attend periodic meetings/seminars. I will support my child's participation in this program in whatever manner is appropriate and necessary.

My child has my support for the following reasons: (please feel free to use back of form if necessary)

Signature of Parent _____

Date _____

SECTION II (To be completed by school official)

I verify that the student information in Section I is accurate and the student identified in Section I is eligible for participation in the Concurrent Enrollment Options Act.

High School Official Signature _____

Position _____

Date _____