

Young Business Leaders Summer Program

What is YBLSP? YBLSP - Young Business Leaders Summer Program - offered to students interested in the business professions with emphasis on accounting, finance, information systems, management and marketing.

Who is eligible & criteria for acceptance? Students who are currently in grades 9th, 10th and 11th as of January 2019, with a minimum 2.80 GPA are eligible to apply. Admission is competitive and is based on the student's academic record, and counselor recommendation and grade level. Applicants must have a passion for careers in business and also demonstrated leadership in extra-curricular activities.

When is the deadline to apply? Applications, with accompanying materials are due by **April 30, 2019**. Space is limited so applications will be accepted on a first come first serve YBLSP based on reception of application **and** payment. A Complete Application Package Includes: 1) YBLSP Application Form & Essay 2) Academic Information (Report Card Or Transcript) May Be Sent Separately From School. 3) Counselor/Teacher Recommendation Form May Be Sent Separately From School.

Faxed copies are not accepted. An incomplete package will not be considered after the deadline date. Counselor forms may be sent separately from the application due to confidentiality. If transcript is not available, academic information (report cards) is acceptable, please calculate GPA as of current date.

What will students learn in the YBLSP Program? Students participate in active learning lessons led by faculty and leaders from top companies. Topics include: Career Mindset, Personal Branding, Careers in Finance, Careers in Accounting and Careers in Marketing, Careers in Management and Information Systems.

Living arrangements at the university: Participants are housed two per room under supervision of a professional Residential Hall Director and College Student Peer Advisors in the University College Residential complex. Male and female students are housed in separate buildings. Three meals are served each day in the university dining facility. Occasionally, snacks are provided during the special evening events. Each room is equipped with a microwave and mini-fridge. Participants are welcome to bring snacks to keep in their rooms.

What does it cost? Each student is required to pay a fee of \$300.00 upon acceptance in the program. The fee is non-refundable. Parents are responsible for the student's transportation from home to the university and return. Students traveling to the Houston/Prairie View areas by commercial means will be met at the appropriate arrival facility by university personnel and will be provided transportation to the campus.

MOVE IN: Sunday, June 2, 2019

MOVE OUT: Friday, June 7, 2019

For additional information, contact:

Carolyn Davis
Daniel Kennebrew

P: (936) 261-9237 E: csdavis@pvamu.edu
P: (936) 261- 9206 E: dekennebrew@pvamu.edu

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Name _____
Last Name First Name MI

Mailing Address _____
Street/P.O. Box City State Zip Code

Phone () Cell () E-mail _____

Date of Birth _____ ☐ Female ☐ Male

Ethnicity (optional but highly desirable): ☐ African-American ☐ American-Indian ☐ Caucasian
☐ Hispanic ☐ Asian/Pacific Islander ☐ Biracial Other _____

GPA of _____ on a 4.00 scale/5.0 scale (circle one)

Name of High School _____ Counselor _____

Current Grade: ☐ 9th ☐ 10th ☐ 11th

School Address: _____
Street/P. O. Box City State Zip Code

List honors, awards, extra-curricular activities, offices held (attach a separate sheet if necessary)

Student Pledge: If selected, for the YBLSP program, I agree to attend all scheduled classes, participate in all events and to abide by the rules and regulations of the program.

Student Signature: _____ Date: _____

Provide information below pertaining to your Parent(s) or Legal Guardian:

Parent _____
Last Name First Name Relationship
() ()
Day Phone Number Cell Phone Number E-mail

Parent _____
Last Name First Name Relationship
() () ()
Day Phone Number Cell Phone Number E-mail

Parent Statement: I will permit _____ to attend YBLSP Program and to be governed by the rules and regulations of the program.

Parent Name (printed) Parent Signature Date

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Please rank your track preferences using number 1-4.

1- Most Preferred 4- Least Preferred

For more information about each track, please see below.

Track	Preference Number
Entrepreneurship	
Finance	
Management	
Management Information Systems	

What is Entrepreneurship? – Entrepreneurship is the capacity and willingness to develop, organize and manage a business venture along with any of its risks in order to make a profit.

What is Finance? – Finance is a branch of economics concerned with resource allocation as well as resource management, acquisition and investment. Simply, finance deals with matters related to money and the markets.

What is Management? – Management is a purposive activity. It is something that directs group efforts towards the attainment of certain pre- determined goals. It is the process of working with and through others to effectively achieve the goals of the organization, by efficiently using limited resources in the changing world.

What is Management Information Systems? – MISY is the study of information systems in organizations. It emphasizes the managerial and organizational aspects of information systems. The aim is to develop and utilize information systems to collect and process data and in turn provide valuable information to the managers for decision making.

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Dear Counselor: I request that you complete the recommendation below for me. Please attach a copy of my academic record and/or transcript (including my test scores). I understand that the information you provide will be treated in a CONFIDENTIAL manner and will not be released to anyone outside the YBLSP staff without your permission.

NOTE: Please place this recommendation in a sealed/taped envelope with your signature on the tape and give it back to the student to be mailed with the application or send directly to camp coordinator. The recommendation is due no later than **April 15, 2019**.

Student Signature _____ Date _____

Mailing Address _____
Street/P.O. Box _____ City & State _____ Zip Code _____

1. Applicant is enrolled and in good standing at _____ school.
The student is in the _____ grade with a GPA of _____ on a 4.00 / 5.00 scale (circle one) Please convert where necessary. The student ranks number _____ in a class of _____ (optional).

2. The high school curriculum pursued by the student can best be described as: (check one):

☐ Honors ☐ College Prep ☐ Regular ☐ Vocational Other _____

3. Has the student ever been on academic or social discipline? ☐ No ☐ Yes (If yes, to what extent will it affect the student's ability to participate in this program:

4. Considering this applicant is record and potential to benefit from the YBLSP program, I recommend the applicant ☐ Strongly ☐ Favorably ☐ Regular ☐ With Reservation ☐ Not to be selected

5. Comments:

Print Name & Title () Telephone Number Email

Signature Date

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ESSAY TOPIC OPTIONS (Choose only One)

Attach an ESSAY (typed, double spaced of 500 words Max)

on the following topics:

1. What is the danger of cyberbullying and what do you think your school should do to solve the problem?
2. What is more important to be successful in life – education, experience, or both?
3. What could you do to be a more positive influence on your family and friends?

Return all applications to Carolyn Davis no later than **April 15, 2019**

Prairie View A&M University

College of Business

Young Business Leaders Summer Program

Attn: Mrs. Carolyn S. Davis

P.O. Box 519, MS 2300

Prairie View, TX 77446



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of _____ ("activity"), which is sponsored by _____ Prairie View A&M University, a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees ("RELEASEES" or "INDEMNITEES") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to _____, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. **For students going on fieldtrips or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20_____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____
(If Participant is under 18 years old)

INSTRUCTIONS: (1) The document should be printed in a font size no smaller than 10-point type. This is 10-point type. This is 12-point type. (2) The formatting/font style (**bolded, underlined, and italicized**) in paragraph nos. 1, 2, 5 & 6 should not be altered.

TAMUS-OGC-Approved 5/7/2015

Pick Up Authorization and Health Information Form

I. EMERGENCY CONTACT INFORMATION

1. Participant Name:

First Last

2. Parent / Legal Guardian Information:

First Last

Address E-mail Address

Primary Phone Secondary Phone

II. PERSONS AUTHORIZED TO PICK-UP CHILD

In addition to the parent/guardian(s) listed above, please list the names of any possible persons authorized to pick up the above referenced child. Use the other side of this form to add additional names. Please Note: Photo ID's must be presented at the time of pick up.

_____ First Name	_____ Last Name	_____ Relationship to Child	_____ Phone Number
_____ First Name	_____ Last Name	_____ Relationship to Child	_____ Phone Number
_____ First Name	_____ Last Name	_____ Relationship to Child	_____ Phone Number

III. AUTHORIZATION FOR SELF-CHECKOUT

Program participants will only be released at the scheduled program ending times, or times designated to the program by the parent/legal guardian. Please select from the check-out options listed below.

- ☐ I do not grant my child permission to self-checkout from this program. Only the individuals listed above are authorized to pick-up and sign-out my child.
- ☐ I will not be escorting my child to and/or from the program and grant my child permission to travel to and/or from the program and check-out independently at the conclusion of the program.

PHOTO & VIDEO RELEASE

I, _____, as the parent and/or guardian of _____, authorize Prairie View A&M University to photograph or video my son/daughter and to use the photographs or videos for educational or promotional purposes in any media format chosen. I understand that photographs or videos may not be used for profit without my express permission. I acknowledge that I will not be paid or rewarded for providing this authorization. **INITIALS** _____

HEALTH INFORMATION

Is there anything in youth's health history that the program staff should know? _____

Are there any activities from which the youth should be restricted? _____

Please list any special services your child may require _____

Does the youth have any special dietary restrictions? ☐ NO ☐ YES If YES, explain _____

Please list any allergies _____

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? ☐ NO ☐ YES If YES, explain _____

Parent/Legal Guardian Name (Please Print)

Parent/Legal Guardian Signature & Date



AUTHORIZATION FOR DISPENSING MEDICATION
IF NO MEDICATION IS REQUIRED PLEASE SIGN BELOW(*)

PARENT'S AUTHORIZATION

Name of Child to Receive Medicine		Name of Medication	
Prescribing Physician	Prescription No.	Expiration Date	
Dosage	When to Give	Continue Medication Until (date)	

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

Signature-Parent or Guardian (*)

Date

CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

CHILD'S NAME	NAME OF MEDICATION	DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR EMPLOYEE

Disposition of Left-over Medication		
<input type="checkbox"/> Returned to Child's Parent/Guardian	<input type="checkbox"/> Thrown Away	Date: