



DESALES UNIVERSITY

2020 *Futuros Empresarios*/Future Entrepreneurs (FE) Program Application

INSTRUCTIONS:

All applications must be accompanied by:

1. A typed or neatly printed personal essay written by the student answering the following questions (**NOTE: The entire essay should be a minimum of 250 words**):
 - a) What is your main ambition in life and how do you plan to reach that objective?
 - b) What do you hope to accomplish by participating in the FE Program?
 - c) Describe your community service and/or school involvement activities and how the experience(s) benefitted you?
2. The applicant's high school grades transcript (NOTE: GPA should be a minimum of 2.0).
3. A parent's signature under the section titled "Parent's Authorization/ Consent". The parent's consent is needed in order to participate in the program and to give the Fé Foundation/FE Program Staff permission to contact the parent, the student, and the student's High School/School District to request information regarding the student's grades and education plans beyond high school.
4. A completed "Candidate Letter of Recommendation" should be completed and signed by the applicant's high school counselor. Students can submit additional recommendations from other teachers if desired, but it is not required.

Eligibility Requirements:

- It is highly desirable that the applicant is of Hispanic heritage and a resident of the Lehigh Valley (Lehigh or Northampton Counties), although applicants from other heritages will be considered.
- The applicant's essay must demonstrate the student's motivation, sincerity, responsibility, involvement in school or community service/activities and/or special circumstances that demonstrate the applicant's ability to deal effectively and positively with personal challenges.
- Incomplete applications will not be considered for the FE Program.
- The applicant may be asked to participate in a personal interview at the request of the Fé Foundation Board and/or FE Program Staff. The interview day will occur on Saturday, April 25th.
- If the applicant has any medical condition that may affect their participation in this program, please submit a medical clearance from their Physician.

- **Applicants must submit their completed applications to their school guidance counselors by March 25, 2020.**
- **Guidance Counselors must notify the Fé Foundation when the completed applications, along with all the requested documents, are ready for pick up.**
- **For more information, contact The Fé Foundation at: info@fe-foundation.org or call and leave a message at (610) 841-1128.**
- **Applications must be received at the Fé Foundation office no later than March 31, 2020.**



OFFICIAL GRADES TRANSCRIPT

Please ask your Guidance Counselor to attach your official grades transcript to the "Candidate Letter of Recommendation" to be completed and signed by your Counselor.

PARENTS' DATA

Father's/Guardian's Information

Mother's/Guardian's Information

Full Name: _____

Full Name: _____

Home address: _____

Home Address: _____

Home Phone#: _____

Home Phone #: _____

Cell Phone#: _____

Cell Phone #: _____

E-mail address: _____

E-mail address: _____

PARENTS' AUTHORIZATION/CONSENT

Please consider my son's/daughter's application for the *Futuros Empresarios*/Future Entrepreneurs (FE) Program. I attest that my son/daughter is a citizen/legal resident/authorized by the Government to reside in the USA and that he/she has a social security number (which will be needed at the internship site). I certify that the information in this application is complete and accurate to the best of my knowledge. I am aware that the program runs for five weeks within the months of June and July. I understand that the first week of the program is academic training at DeSales University and the following four weeks are a business internship at a local sponsor to be announced. If my child is selected, I will ensure that he/she meets the 100% attendance requirement, the required dress code and display respectful/responsible behavior. I will reserve the time for him/her to meet all his/her program obligations. Also, I authorize the Fé Foundation/FE Program Staff members to contact me, my son/daughter, and his/her School District for the purpose of obtaining information about his/her grades and education plans beyond high school. In addition, I authorize the Fé Foundation/FE Program Staff members to contact me, my son/daughter for the purpose of sharing information about scholarships and other educational opportunities of benefit to my son/daughter. (If the applicant has any medical condition that may affect their participation in this program, please submit a medical clearance from their Physician).

Parent Signature: _____

Date: _____

