



## **Entrepreneur Business Institute 2025**

The Entrepreneur Business Institute (EBI) is a **FREE** summer program for high school students in grades 10-12, who are interested in Entrepreneurship. 9th graders who will be going to the 10th grade in the Fall will also be accepted.

Students will live on campus for 2 weeks and will be provided with the opportunity to enjoy pre-college experience and learn about the advantages and challenges of entrepreneurship.

Students will engage in team exercises to improve their team building and project-management skills.

Students will experience mentorship from successful business leaders and participate in interactive discussions about concept development and business ownership.

- **Location:** University of the Virgin Islands, Orville E. Kean Campus, St. Thomas
- **Cost:** **Free**
- **Program Dates:** July 6-19, 2025
- **Application Deadline:** May 30, 2025
- **Eligibility:** Current junior or senior high school students

*Students will receive a stipend of \$250.00 upon successful completion of the program.*

# Student Application

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## Application Requirements

1. An official high school transcript
  2. A letter of recommendation from a teacher or counselor (See Part C)
  3. Parent Consent Form
  4. 500-word essay on the Topic: **What role does innovation play in entrepreneurship and Business?**
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This form must be completed in full and returned to the offices of the School of Business by May 30, 2025. All information will be treated confidentially. Applications will be reviewed once all materials are received. Program admission is based on academic eligibility, readiness for program services and available space.

**STUDENT APPLICATION FORM: (PART A)**

Name: \_\_\_\_\_  
Last First Middle

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

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

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If not born in the U. S., please complete A or B below:

\_\_\_\_A. Naturalized Citizen Date Granted: \_\_\_\_\_ (please provide copy)

\_\_\_\_B. Permanent Resident Date Granted: \_\_\_\_\_ (please provide copy)

Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_M \_\_\_\_F Age: \_\_\_\_\_

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

Current Grade as of August: \_\_\_\_\_ High school career path: \_\_\_\_\_

In Case of Emergency who should be contacted: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## STUDENT APPLICATION FORM: (PART B)

Parent Information Form (To be completed by Parent or Guardian)

Kindly explain any medical, psychological, behavioral, and/or educational problems that may limit your child's successful participation in the Entrepreneur Business Institute.

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In case of emergency, what procedure should be followed?

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Please list and explain the use of any medication(s) that your child is currently using.

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Medical Insurance: \_\_\_\_\_ Insurance # \_\_\_\_\_

Name (Parent/Guardian)		
Relationship to Applicant		
Employer		
Employer's Mailing Address		
Business Phone Number		
Job Title		

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## STUDENT APPLICATION FORM: (PART C)

Recommendation Section (To be completed by a Teacher or Counselor)

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

Name of School: \_\_\_\_\_

\_\_\_\_\_ Teacher \_\_\_\_\_ Counselor    If teacher, subject taught: \_\_\_\_\_

Teacher/Counselor's Name: \_\_\_\_\_

The above student is applying for admission to the Entrepreneur Business Institute. The goal of the program is to introduce eligible students to the business field with the view of extending their options in their career choice. The program expands over (2) weeks and covers entrepreneurial activities, academic instruction, and small group interaction, field trips to local businesses, college admission information as well as cultural, social and recreational activities for all participants.

Please provide a brief statement using the space below indicating why you think this student should be admitted to The Entrepreneur Business Institute and how we can best serve his/her needs. Please specify academic/social needs, such as improving writing, math skills and/or exposure to college environment.

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**email completed applications by May 30, 2025, to:**

[pflemmi@uvi.edu](mailto:pflemmi@uvi.edu)  
[tliburd@uvi.edu](mailto:tliburd@uvi.edu)  
[smatthe@uvi.edu](mailto:smatthe@uvi.edu)

Date Completed: \_\_\_\_\_

Note: Under the Family Educational Rights to Privacy Act of 1974, the candidate is entitled to review this recommendation.