

Nonprofit Incubator "Program Scholarship" Application (Fee Waiver: \$2,575)

COLLEGE STUDENTS ONLY (Professionals are ineligible unless the CEO of WHOmentors.com, Inc. provides an exception in writing): Complete application based on the current calendar year. All applicants must be the "age of majority" unless participating in a pre-collegiate program. Submissions, including cover letter and resume, are accepted on a rolling-basis from Directors and Officers of Nonprofit Public Benefit Corporations Only. Verify that your institution has properly and fully completed the bottom portion of this form.							
Last Name, First Name, Middle Initial		Social Security Number		Date			
School Street Address		City, State, Zip		School E-mail Address			
Home Street Address		City, State, Zip		Home Phone (Area Code)			
US Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No, nonimmigrant eligible		<input type="checkbox"/> Parent(s) have college degree <input type="checkbox"/> JROTC / CAP / SCOUT		<input type="checkbox"/> Foreign Language: _____ <input type="checkbox"/> Passport Expires: _____			
<input type="checkbox"/> Male		<input type="checkbox"/> Female					
Name of 2-year or 4-year Institution Attending (High School for Pre-Collegiate)	Cumulative GPA (or High School GPA, if Freshman)	Scale (e.g. 3.0 out of 4.0)	Expected Degree			Major Field of Study	Expected Date of Graduation
			BS <input type="checkbox"/>	MS <input type="checkbox"/>	PhD <input type="checkbox"/>		
Are you currently (or were you ever) a participant in the CEO@18™ Youth and Collegiate Entrepreneurship Development Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what year?			Have you ever created a nonprofit public benefit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when and where did you incorporate and describe the NTEE-CCs?				
Career Interests (Briefly state your short and long-term objectives. Feel free to use the back of this form.)							
APPLICANT'S SIGNATURE _____ DATE _____ My signature above indicates that I authorize school officials to release the below information to WHOmentors.com, Inc. for inclusion in my application for consideration of a "program scholarship."							
TO INSTITUTION: Complete the following information pertaining to the above student for the current school year. Submit all necessary verification forms and/or transcripts and include a letter of recommendation that addresses the attitude, character, performance, and motivation of the application. Timely and accurate response is critical for the student to be considered for a "program scholarship."							
1. Student's cumulative GPA for the current school year _____ out of what scale (e.g. 3.0 out of 4.0) _____. 2. Estimated cost for tuition, books, and other tuition-related expenses (excluding housing) for the most current school year \$ _____ 3. List the name and the amount of scholarships/grants (excluding loans) the above student is receiving, or anticipates receiving, for the most current school year. _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ 4. Total of scholarships/grants for the school year \$ _____ 5. Considering any scholarship/grant funds awarded and restrictions placed on the expenditure of those funds, what is the "tuition balance" for the school year? (Line #2 minus Line #4) \$ _____ 6. Briefly state why this student requires differentiated instruction or services beyond those being provided in a regular school program in order to realize their intellectual, creative or specific academic potential: _____ _____							
The signature, stamp, or seal below verifies the above student's full-time enrollment, scholarship, and GPA.							
Certified by: _____ Title: _____ Date: _____							
Telephone: _____ Fax: _____							
Note: Contact person above must be authorized to release student information.							