



Program Dates: July 10-16 2016

Application Deadline: April 20, 2016

Applications will be accepted until April 20, 2016. Enrollment decisions will be made shortly thereafter. These forms may be submitted by fax (765-361-7004) or email (amidonj@wabash.edu) For more information, see www.wabash.edu/olab

Personal Information

Student Name: _____ M/F: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

YOUR Cell Phone: _____ **BEST** E-Mail Address: _____

High School Name: _____ Address: _____

City: _____ State: _____ Zip: _____ School Phone: _____

How did you learn about OLAB? (Circle one): Guidance Counselor Business Sponsor Teacher Principal
OLAB Alumnus Other _____

Parent Name: _____ Cell Phone: _____

Parent Name: _____ Cell Phone: _____

Parent(s)/Guardian(s) Signature(s) on the line(s) below: (* information may be used to pair student and sponsors)

_____ *Employed by: _____

_____ *Employed by: _____

To be completed by your school's Guidance Center

Class Rank: _____ out of _____ Cumulative GPA: _____ of a possible _____ Graduation Date: _____

Please enclose a transcript as part of the review process. OLAB sets no minimum GPA standard, but academic performance is an important consideration used by the Admissions Committee.

Guidance Counselor's Name: _____

Guidance Counselor's Signature: _____ Date: _____

Background Information

Please respond to the following questions and attach your answers to the completed application:

1. Describe your strongest skills and interests.
2. Describe a personal accomplishment of which you feel particularly proud and explain how you achieved it and why it's important to you.
3. Describe a group project in which you had a leadership role that has special meaning to you and explain why it's important to you.
4. Describe your family responsibilities and employment experience.
5. Describe your personal vision for the future.
6. List all school and community activities in which you have participated and how you have been involved (including clubs, student government, athletics, committees, volunteer organizations, and individual projects). Indicate any offices you have held and awards you have received.

Please remember to attach a copy of your transcript, two letters of recommendation, and your answers to the essay questions above. Send the completed application form the address below **NO LATER THAN APRIL 20, 2016:**

Jim Amidon, Director
Opportunities to Learn About Business
Wabash College
P.O. Box 352
Crawfordsville, IN 47933

For more information:

visit: www.wabash.edu/olab
email: olab@wabash.edu or amidonj@wabash.edu
Phone: (765) 361-6364

OLAB student participants receive complete scholarships for the program. The scholarships are funded by philanthropic donations from organizations throughout the state of Indiana. Your only obligation to OLAB is to give your best effort at all times during the program.

OLAB Recommendation Form — I

To the Applicant:

Two recommendation letters are required per applicant and should be completed by a teacher, guidance counselor, principal, employer, member of the clergy, or community leader. Recommendation letters should be returned to you in a sealed envelope and included with your application materials.

To the Recommender:

OLAB is a highly interactive, challenging summer program sponsored by Central Indiana businesses, philanthropic organizations, past participants, and Wabash College for students entering their senior year of high school. Students learn the basics of business while spending a week on the campus of Wabash College. The program requires motivated, well-rounded students with proven leadership abilities and highly developed interpersonal skills. The exciting, fast-paced program is not limited to students who plan to pursue a career in business. Based on your association with the applicant, please describe the specific characteristics, skills, and interests you feel the applicant has that would be an asset to the OLAB program. Please give specific examples of how this student demonstrates these qualities.

Name of Recommender: _____ Association: _____

Signature: _____ Date: _____

OLAB Recommendation Form — 2

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