



Program Dates: July 7-13 2019

Application Deadline: April 19, 2019

Applications will be accepted until April 19, 2019. Enrollment decisions will be made shortly thereafter. These forms may be submitted by email (amidonj@wabash.edu) or mailed to the address on the back of this form. 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): Counselor Business Sponsor Teacher 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)

_____ *Empoyed by: _____

_____ *Empoyed by: _____

To be completed by your school's Guidance Office

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 to the address below in hard copy or via email **NO LATER THAN APRIL 19, 2019:***

email: Jim Amidon, Director
Opportunities to Learn About Business
olab@wabash.edu or amidonj@wabash.edu

mail: Wabash College
P.O. Box 352
Crawfordsville, IN 47933

For more information: visit: www.wabash.edu/olab
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 can be included in the application packet or the recommender may email them directly to olab@wabash.edu.

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 (creative students do really well).* 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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Name of Recommender: _____ Association: _____

Signature: _____ Date: _____