



**ENTREPRENEURIAL SCHOLARS & INTERNS**  
University of Missouri System

**APPLICATION FORM**  
**Due September 30, 2017**

PRINT LEGIBLY OR TYPE

**APPLICANT INFORMATION**

Name		Student ID Number	
Email Address		Phone	
Current Mailing Address			
How did you hear about the program?			

**APPLICATION PACKET CHECKLIST**

- \_\_\_ Completed and Signed Application
- \_\_\_ Application questionnaire
- \_\_\_ Two letters of recommendation from an academic advisor, faculty member, or entrepreneurial mentor
- \_\_\_ An official copy of your transcript
- \_\_\_ A copy of your résumé

**EDUCATION INFORMATION**

University/Campus		Year in School (ex. Junior)	
College/Department			
Major		Expected Graduation Date	
Minor (if applicable)		Current Cumulative GPA	

**APPLICATION QUESTIONNAIRE**

Please respond to the following on a separate, typed sheet

1. How do you define entrepreneurship? (50 words or less)
2. Describe any startups you currently have or have had. (50 words or less)
3. In what other ways are you entrepreneurial? In what ways would you like to be more entrepreneurial? (100 words or less)
4. Why does this program appeal to you? (75 words or less)
5. What entrepreneurship courses have you already taken and, if selected, what courses do you envision taking?

6. If you were to apply for grant funding today, what would the funding be used for? (see website for examples) (75 words or less)

#### AGREEMENT AND SIGNATURE

Please initial next to the following items acknowledging that you understand your commitment if selected as an ESIP Participant.

\_\_\_\_\_ Six (6) hours of approved entrepreneurial courses, including an approved introductory course

\_\_\_\_\_ Opportunity to apply for up to \$5000 of grant funding for approved hands-on entrepreneurial experience(s) (i.e. coursework, internship, etc)

\_\_\_\_\_ Participation in four (4) campus visits throughout the program, one to each University of Missouri System campuses

\_\_\_\_\_ Provide a journal or other write-up of your experience in the hands-on portion of the program

\_\_\_\_\_ Provide feedback to the ESIP office regarding your experience in the program

By signing below, if selected for the program, I agree to complete the ESIP before my undergraduate graduation.

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Name  
(printed)

Signature

Date