



POWER OF POSSIBILITIES 2018 APPLICATION

PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____

Social Security Number _____ Any Previous Name(s) _____

Permanent Address: Street, City, State, Zip _____

Mailing Address: If different than Permanent Address _____

(_____) _____ (_____) _____
Home Phone Number Cell Phone Number
By providing your cell phone number, you consent to receiving text messages from Garrett College.

Email Address _____

Date of Birth (month/day/year): ____/____/____

Gender: Female Male

Ethnicity: Please check all that apply:

Are you Hispanic or Latino Yes No

- White Asian
 Black / African American American Indian / Alaska Native
 Native Hawaiian / Other Pacific Islander

Military Service:

- Are you an active duty service member? Yes No
- Are you a veteran? Yes No

If you answered "yes" to any of the above, please list the branch of service that applies: _____

Emergency Contact Information:

Full Name _____ Relationship _____
Home Phone _____ Work/Cell Phone _____

How did you learn about the Power of Possibilities?

- Employer Leadership GC Alumni
 Newspaper Facebook
 Friends/family Postcard
 Other _____

EMPLOYMENT INFORMATION

Present Employer: _____

Work Address: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Start Date: _____

Current Title: _____

Type of Organization:

- Business
- Education
- Health Care
- Religious
- Agriculture

- Community
- Government
- Non-Profit
- Self-Employed
- Other _____

Roles and Responsibilities: (feel free to attach a resume)

COMMUNITY INVOLVEMENT

If not provided on your resume, please include professional memberships and volunteer activities (past and present):

| Organization Name | Dates of Membership | Official Position(s) Held |
|-------------------|---------------------|---------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

FINANCIAL

The cost of the Business Plan Competition is a \$29.00 non-refundable application fee.

QUESTIONS

As part of the application process, please answer the following questions in a separate document:

1. What will you personally bring to the Power of Possibilities program?
2. What do you hope to learn from participating in the Power of Possibilities, and how do you believe it will benefit you as an emerging entrepreneur?
3. What do you believe are two of the most pressing issues or challenges facing entrepreneurs?
4. What do you believe are two of the most significant opportunities available to Garrett County?

CERTIFICATION OF INFORMATION

I certify that the information which I have given on this application is complete and accurate. I understand that failure to provide accurate information, particularly regarding residency, may be just cause for a disciplinary action and/or increase in tuition. I understand that it is my responsibility to notify Garrett College of any change in information contained in the application. In making this application, I accept and agree to abide by the policies, procedures, and regulations of Garrett College.

I understand the purpose and goals of the Power of Possibilities program and that completion of this application does not ensure my acceptance into the class of 2017-2018.

Signature

Date

Application Checklist

- Mail your completed application for admission, responses to the questions referenced above, resume (if applicable), and non-refundable application fee of \$29.00 to: **Power of Possibilities, Garrett College, 687 Mosser Road, McHenry, MD 21541. Attn: Mary Keller**
- You will be contacted by the Program Director regarding your application. If you are not selected for this year's program, you are encouraged to apply again next year.