



**Wright State University
Raj Soin College of Business
2014 Professional Business Institute Application**



Please print legibly in dark ink or type.

The program is limited to 25 participants. Apply by April 30, 2014 for first consideration. Applications submitted after April 30th will be considered on a first-come first-serve basis.

Participant Information

Name _____ Gender _____

Address _____

City _____ State _____ Zip _____

County _____ Home phone (_____) _____ - _____

Date of birth ____/____/____ Grade level (as of 9/2014) _____

Parent e-mail address _____

Father's name _____ Work phone (_____) _____ - _____

Mother's name _____ Work Phone (_____) _____ - _____

School Information

Name of School _____ Phone (_____) _____ - _____

Address _____

City _____ State _____ Zip _____

School District _____

GPA _____ PSAT Score _____ SAT Score _____ ACT _____

Extracurricular activities/awards _____

Community Service _____

**A \$100.00* nonrefundable registration fee will be due if
you are selected to attend the Professional Business Institute.**

* A limited number of need-based scholarships are available to those who qualify

****Return Application Nomination, most recent Grade Card, and a Letter of recommendation to:**

Wright State University
Raj Soin College of Business
Professional Business Institute
3640 Colonel Glenn Highway
140 Rike Hall
Dayton, OH 45435-0001
Phone 937-775-2812 Fax 937-775-2323

**Wright State University
Raj Soin College of Business
2014 Professional Business Institute
Letter of Recommendation**

The Raj Soin College of Business at Wright State University is offering a Professional Business Institute for students entering grades 11-12. Students who have an entrepreneurial spirit, appreciate the opportunity for personal growth, enjoy a challenge, and have the motivation to succeed are encouraged to apply. Your candid assessment of this student's academic and interpersonal capabilities is an integral part of the selection process.

Name of student _____

Describe this student's academic/intellectual abilities:

Describe this student's interpersonal abilities:

Why do you feel this student could benefit from this experience?

Securely attach additional pages as needed.

Signature of person completing form _____

Position/Title _____

Complete mailing address _____

Work phone _____ Email address _____

Email questions or comments to: rscob-pbi@wright.edu
or call 937-775-2324