



## Learning About Business

A NONPROFIT ECONOMICS-EDUCATION PROGRAM ON THE CAMPUS OF  
LAKE ERIE COLLEGE • 391 W. WASHINGTON ST. • PAINESVILLE, OHIO 44077 • 440-375-7185 • FAX 440-375-7005  
INFO@LEARNINGABOUTBUSINESS.ORG

### THE APPLICATION & SELECTION PROCESS

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The student is to complete all three pages of the Application fully.

A counselor will need to complete the Counselor Evaluation Form, and the same counselor or a teacher who knows the student should be asked to write a letter of recommendation as explained on the Letter of Recommendation Form. More than one letter will, of course, be accepted.

All five pages of the packet must be received in the LAB office by March 15.

**Remember** - the program is for students who will enter the 11<sup>th</sup> or 12<sup>th</sup> grade in the fall of the year they attend LAB.

The Student Selection Committee will meet soon after March 15 to review and rate applications in the areas of academic ability, leadership qualities, civic and community activities, educational/career plans, and counselor ratings/recommendations.

The Committee computes total scores and invites the 65 students with the highest ranking to attend LAB week. The remainder of applicants are wait-listed. Students from this list may be invited to LAB should any openings become available.

New this year ~ 2015 LAB Application is a fillable PDF

Student applicants may download documents, type in data, then forward it to their guidance counselor via email or by printing out a hard copy. Handwritten applications will also be accepted.

School Guidance Counselors may mail completed student applications, but can also scan and email documents to the above email address.



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### APPLICATION FOR PARTICIPATION IN LAB WEEK

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PLEASE PRINT OR TYPE!

*Resumes, letters of recommendation and other items are welcome.*

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Full name \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Street \_\_\_\_\_ City/Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Address if different \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ I am now in grade \_\_\_\_\_

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#### ABOUT YOU

Educational plans

Vocational/professional plans

Role Models

## **ABOUT YOUR EDUCATION TO DATE**

**Academic awards and honors**

**Sports participation**

**Other extracurricular activities**

**Leadership positions**

**Academic major/favorite courses of study**

## MORE ABOUT YOU

Civic, church, community and volunteer activities

Employment experience (List jobs with a one-sentence description of duties)

Very specifically, why do you want to attend LAB week?

Is there anything else you would like us to know about you?

**IMPORTANT** *Please forward your completed Application to your guidance counselor or other designated teacher or staff person. Have the LAB Letter of Recommendation completed by a teacher, administrator, counselor or adviser and returned to your guidance counselor for forwarding to the LAB office with your Application. ALL MATERIALS MUST BE RECEIVED IN THE LAB OFFICE BY MARCH 15.*



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### STUDENT LETTER OF RECOMMENDATION

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**TEACHER /ADMINISTRATOR/GUIDANCE COUNSELOR** *Please return your completed Student Recommendation to the guidance counselor handling LAB applications for forwarding to the LAB office along with the Student Application and Counselor Evaluation. ALL MATERIALS MUST BE RECEIVED IN THE LAB OFFICE BY MARCH 15.*

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Student name \_\_\_\_\_

*LAB Week is a demanding educational adventure for enthusiastic, resourceful, future decision-makers. LAB students live independently away from home in a college setting, perform in a high-pressure student-company competition, mingle with more than 100 business professionals, and must commit wholeheartedly to the entire week's activities. Please estimate the applicant's success in performing in such a situation. Use the reverse side if necessary.*

Your name \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_



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### GUIDANCE COUNSELOR EVALUATION OF STUDENT

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**GUIDANCE COUNSELOR** *Please forward your completed Student Evaluation plus the LAB Student Application and Letter of Recommendation to the LAB office at the address above.*  
**ALL MATERIALS MUST BE RECEIVED IN THE LAB OFFICE BY MARCH 15.**

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Student name \_\_\_\_\_ Grade point average \_\_\_\_\_ Class rank \_\_\_\_\_

*Please estimate the extent to which the student demonstrates the qualities listed below. Mark the appropriate number.*

*Scale: 8-10 Superior 6-7 Good 4-5 Fair 1-3 Poor*

Original ideas

Independent thought

Intellectual curiosity

Creativity

Consistent effort in studies

Attitude toward other students

Attitude toward teachers

Other comments

Counselor name (print) \_\_\_\_\_

Counselor signature \_\_\_\_\_