

**Winona State University Entrepreneurship Mini-Camp
April 21 – 23, 2016**

**STUDENT APPLICATION
Please respond to all of the information required below or your application will be considered invalid.**

Student Name: Gender: M F Grade: Junior Senior

Home Address:

City: State: Zip:

Student Cell #: Student Email:

Parent or Guardian Name: Parent or Guardian Cell #:

Name of High School:

Signature of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **If you are under 18 years old you must get the signature of a parent or guardian.**

Students: Please give this Signed form to your ALC teacher or Principal no later than Friday, April 8th.

Please mail your application to: Professor Donald Salyards

Winona State University 319a Somsen Hall

Winona, MN 55987

Email: dsalyards@winona.edu Cell #: 507-429-9000