



Application for Admission 2008-2009

The EBV program represents a unique opportunity for those men and women who have sacrificed for our freedom, to take an important step toward realizing their own freedom – economic freedom – through entrepreneurship.

The EBV program is a selective, rigorous, and intense educational initiative. Applications for EBV will be accepted from veterans who:

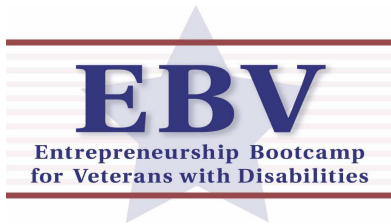
- ✓ Have separated from active duty service within the last 7 years (or currently in the administrative process of separating)
- ✓ Have been identified as having a '*service-connected disability*' as a result of their support of operations Enduring Freedom (OEF) and/or Iraqi Freedom (OIF).
- ✓ Demonstrate a strong interest in entrepreneurship & small business ownership/management

Beyond the criteria identified above, a complete application is the only remaining requirement to be considered for the program. A complete application package will include the following:

- 1) Completed EVB Application Form
- 2) Personal Statement
- 3) Résumé
- 4) 2 Letters of Recommendation
- 5) Most recent (2) active duty performance reports

Selection will be based on the 'whole-person' concept, with a particular focus on an assessment of potential to excel both in the program, and also excel upon graduating from the EBV in the area of entrepreneurship and small business management.

Applications will be accepted on an on-going basis – there is no application deadline. However, admission is on a first come, first serve basis, so early application is encouraged. Please direct any question regarding the application process to EVBinfo@syr.edu.



Application for Admission, EBV 2008-2009

Date: _____

Please Complete the Information Below. Please Type or Print Clearly.

NAME *First (Given)* *Middle* *Last (family)* *Nickname (if any)*

ADDRESS

CITY

MAILING ADDRESS *(if different)*

U.S. Social Security Number: _____
(for aid purposes only)

Home Phone: _____
Area code/city code/number

Cell Phone: _____
Area code/city code/number

Gender: Male Female

Email Address: _____

Is English your first language? Yes No

***If no, what is your first language?** _____

Date of Birth: _____
month day year

Branch of military service? _____

Date of separation from active duty? _____

Military Specialty? _____

Rank at separation? _____

Disability Status: _____
VA classification

Are you currently engaged in vocational rehabilitation with the Veterans Administration? Yes No

If Yes, Please provide the name and contact information of your Rehabilitation Counselor:

First (Given) *Last (family)* *Phone Number*

Academic Honors (list any academic distinctions or honors you have earned):

Extracurricular and Personal Interests (list community involvement, hobbies, extracurricular activities):

<i>Activity</i>	<i>Dates</i>	<i>Hours per week</i>	<i>Positions held, honors</i>

Significant Military Honors, Awards, Decorations (list significant recognitions, decorations, awards):

<i>Award or Honor</i>	<i>Date</i>

*** Recommenders: (list two)****

1) _____
Name Title Phone

2) _____
Name Title Phone

**** Please have recommenders return completed letters of recommendation to you, in sealed envelopes, and submit them as part of this application package.**

Personal Statement: (answer the following questions on separate sheets – type or print clearly)

- 1) What is your primary reasoning for applying to the EBV program?
- 2) Describe your interest in entrepreneurship and business ownership? Indicate if this interest is motivated by your disability, or if business ownership has been a long-standing goal?
- 3) What two past experiences would be most relevant in providing the application committee with a comprehensive understanding of who you are as a person and how you deal with new and novel situations?
- 4) What specific qualifications or experiences make you a strong candidate for this program?

Enclosures (submit the following):

- 1) Completed Application Form
- 2) Letters of recommendation (2)
- 3) Resume
- 4) Last two active duty performance reports

Submit Application Package to:

Syracuse University
The Martin J. Whitman School of Management
Office of the Dean, Suite 415 (attn: Barb Buske)
721 University Ave
Syracuse, New York 13244-2130