

Northern MN Entrepreneur Academy Registration Form



Parent(s)/Guardian Information

Father/Guardian Name: _____

Mother/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary email: _____

Primary telephone: _____

Secondary telephone: _____

Student Information

Name: _____

Name student likes to be called: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell or Home Telephone: _____

Birth Date: _____

Gender: _____

T-shirt size (adult sizes): Small Medium Large X-Large XX-Large

School Information

Current School Name: _____

Grade for 2019-2020 school year: Freshman Sophomore Junior Senior

Academic Reference

Teacher or counselor who can give information about your child's current academic abilities and social development.

Name: _____

School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Email: _____

How Did You Hear About Us?

Brochure

Newspaper

Teacher / Counselor

Email

Other (Provide source):

Payment of Fees

\$275 per student due upon submitting registration.

Mail check payable to:

*HRDC
P.O. Box 906
Bemidji, MN 56619*

OR

Hand deliver exact cash payment or check to:

*HRDC
403 4th St. NW – Ste. 310
Bemidji, MN 56601*

**Credit/debit cards will not accepted.*

Cancellation Policy & Refunds

Notification of withdrawal must be in writing. Refunds will be available in full for cancellations made 10 days or more prior to the program start date. If you cancel less than 10 days before the camp start date you will not receive a refund. There are no other refunds offered once a student comes to the academy.

I hereby declare that the above information is true and correct to the best of my knowledge. I have read and agree to the terms of payment, cancellation policy and early departure. I understand that if I fail to meet payment schedule I could forfeit my place in the program.

Financial Aid

The NMEA Team is pleased to offer a limited number of financial need-based aid to families. Requirements for Summer Academy Financial Aid Recipients Awards are based upon financial need, with priority given to the lowest income applicants.

Income Information:

Total Gross Annual (12 months) Income (for last calendar year) \$ _____

Size of household (# of members): _____

Signature/Date

Please return this form and direct questions to:

Ryan Zemek
Northern Minnesota Entrepreneur Academy (NMEA)
P.O. Box 906
Bemidji MN 56601
or Email to: rzemek@hrdc.com
Questions: (218)333-6541

