Summer Residency Program

2024 Application Package
Program Dates: June 23 - June 28, 2024

Application Deadline: Wednesday, January 31, 2024
EXTENDED UNTIL FRIDAY, MARCH 15, 2024

A Career Development Program for Minority High School Students
ACCOUNTING FINANCE BUSINESS INITIATIVE
Summer Residency Program

APPLICATION

This application, a current copy of your academic transcript, and one counselor/teacher letter of recommendation must be received by application date on the first page of this application.

Scan the application, recommendation letters, and transcripts to: afbiphiladelphia@gmail.com

PLEASE COMPLETE THE APPLICATION LEGIBLY BY TYPING OR PRINTING USING BLUE OR BLACK INK.

Name: __________________________________________________________________________

Last    First    Middle initial

Address: ____________________________________________________

City: ___________________________ State: ____________ Zip: ________

Telephone: ________________________ Email Address: __________________________

Parent’s Name: _______________________ Parent’s Email Address: ________________

Parent’s Telephone: ____________________ Parent’s Work number: __________________

Current Grade Level: ________________ Sex: M    F    Date of Birth: __________

Grade Point Average GPA: ______________

Have you previously applied for the AFBI Program? Yes    No
If yes, what year did you apply? __________

Special Accommodations (i.e., Ramadan, dietary restrictions): __________________________

Referred by: __________________________

School Name: ________________________________________________________________

Ethnic Background (you must check one only):

☐ African American    ☐ Hispanic    ☐ Caucasian
☐ Native American    ☐ Asian    ☐ Other (Specify): _______________________ 

Name and title of school official sending transcript:

______________________________________________________________________________

Phone: __________________________
STUDENT STATEMENT OF INTEREST

Please write and attach a brief statement (100 words or less) as to why you think you will benefit from the Accounting Finance Business Initiative.

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Student’s Signature ___________________________ Date ____________

Parent's/Guardian's Signature ___________________________ Date ____________
ACCOUNTING FINANCE BUSINESS INITIATIVE

AWARDS AND ACTIVITIES

Please list any organizations or extracurricular activities of which you are a member (indicate offices held), community, school and/or religious involvement, and any honors you have received.

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<th>Award/Activities/Honors</th>
<th># of Yrs. Involved</th>
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AFBI CONTACT INFORMATION

For any additional information please contact the people listed below:

Christina Smiley – *AFBI Director*
afbiphiladelphia@gmail.com
(267) 581-4441