Bands of Hope

Youth Entrepreneur Scholarship Application

Investing in the Next Generation of Entrepreneurs

The Youth Entrepreneur Scholarship recognizes young people ages 12-18 who have taken the initiative to start and operate their own business. This scholarship is designed to support youth entrepreneurs who demonstrate initiative, creativity, responsibility, perseverance, and a desire to grow.

Applicants do not need to have the largest business or earn the most money to be considered. We want to learn about you, your business, what you have learned, and where you hope to take it next.

Applicants should complete the application in their own words. Parents or guardians may assist with understanding questions or gathering information, but the applicant's responses should reflect the young entrepreneur's own experiences and ideas.

1. Eligibility Requirements

- Be between 12 and 18 years old at the application deadline.
- Be the owner or co-owner of an existing, operating business.
- Be actively involved in the operation and decision-making of the business.
- Complete and submit the scholarship application by the stated deadline.
- Provide parent or legal guardian consent if under age 18.
- Explain how the scholarship funds will be used to support the applicant's business or entrepreneurial development.
- Agree to provide additional information about the business if requested during the selection process.

Important: The size of the business, amount of revenue earned, or length of time in business will not by itself determine the scholarship recipient. Applicants will be evaluated in the context of their age, experience, opportunities, and resources.

2. Applicant Information

Applicant's Full Name

Age

Current Grade

School

City/State

Applicant Email

Applicant Phone

Parent/Guardian Name

Parent/Guardian Email

Parent/Guardian Phone

3. Tell Us About Your Business

Business Name

Business Website

Social Media Account(s), if applicable

When did you start your business?

What type of business do you own?

Describe your business. Tell us what you sell or what service you provide and who your customers are.

Where do you currently sell your products or services? Check all that apply.

- ☐ Online through my own website
- ☐ Online marketplace
- ☐ School or community events
- ☐ Directly to customers
- ☐ Social media
- ☐ Vendor markets/pop-up events
- ☐ Retail location
- ☐ Other

If Other, please describe

4. Your Entrepreneur Story

What inspired you to start your business? Tell us where the idea came from and why you decided to turn the idea into a business.

How old were you when you first had the idea for your business?

What did you personally do to turn your idea into an actual business? Be specific. We want to understand your role in starting the business.

5. Running Your Business

What are you personally responsible for in your business? Check all that apply.

- [ ] Creating/producing products
- [ ] Providing services
- [ ] Pricing
- [ ] Purchasing supplies/inventory
- [ ] Managing money/bookkeeping
- [ ] Marketing
- [ ] Social media
- [ ] Website/e-commerce
- [ ] Sales
- [ ] Customer service
- [ ] Packaging/shipping
- [ ] Scheduling
- [ ] Developing new products/services
- [ ] Managing employees/helpers
- [ ] Other

If Other, please describe

Describe what you personally do to operate your business during a typical week.

Approximately how many hours per week do you spend working on your business?

Who helps you with your business, and what do they help you with? This may include parents, guardians, siblings, mentors, employees, teachers, or others.

6. Business Progress & Accomplishments

We understand that businesses look very different depending on the entrepreneur's age, resources, and how long the business has existed.

What accomplishment in your business are you most proud of? It could be your first sale, reaching a sales goal, developing a product, solving a customer problem, participating in an event, helping your community, receiving recognition, or something completely different.

Approximately how many customers have you served since starting your business? (Your best estimate is fine.)

Has your business earned revenue?

☐ Yes ☐ No ☐ Not yet, but we are preparing to begin sales

If yes, approximate total sales/revenue to date

Revenue information helps us understand your business but will not determine who receives the scholarship.

7. Challenges, Problem-Solving & Perseverance

Tell us about one challenge, mistake, or business decision that did not work the way you expected. What happened? What did you do about it? What did you learn?

If you faced the same situation today, would you do anything differently? Why?

8. Creativity & Entrepreneurial Thinking

What makes your business, product, service, or approach different?

What is one problem or opportunity you currently see in your business, and what is your plan for addressing it?

9. Leadership & Community Impact

Has your business made a positive difference for another person, your school, or your community? This could include creating jobs, helping other young people, donating products or services, supporting a cause, solving a problem, mentoring others, or providing something your community needs. If your business has not yet had a community impact, tell us how you would like it to make a difference in the future.

10. Your Future Vision

Where would you like your business to be in the next 1-3 years? Tell us what you hope to accomplish.

What is one skill you would most like to learn to become a better entrepreneur?

Do you see entrepreneurship as part of your future?

- ☐ Definitely
- ☐ Probably
- ☐ Maybe
- ☐ I'm still figuring that out

Tell us why.

11. How Would You Use the Scholarship?

We want this scholarship to be an investment in your growth.

If you receive this scholarship, how would you use the funds? Be specific about what you would purchase, improve, learn, or invest in and explain how it would help your business.

Scholarship Investment Budget

Planned Use	Estimated Amount	How Will This Help Your Business?

Total Planned Scholarship Use

12. One Last Question

What is something about you as an entrepreneur that we would not know from the rest of this application? This is your opportunity to tell the Scholarship Committee something you want us to remember about you.

13. Optional Supporting Materials

Applicants may submit supporting materials that help the Scholarship Committee better understand their business. Examples include:

- Business logo
- Product photographs
- Business website or social media page
- Marketing materials
- News articles or media coverage
- Awards or certificates
- Customer testimonials
- Photos from vendor events
- Other evidence of business activity

Supporting materials are optional unless otherwise stated and should not replace answers to the application questions.

14. Youth Entrepreneur Certification

I certify that the information provided in this application is true and accurate to the best of my knowledge.

I understand that this scholarship is intended for youth who are actively involved in owning and operating their businesses.

I certify that the answers in this application represent my own experiences, ideas, and involvement in my business.

Applicant Name

Applicant Signature (type full name)

Date

15. Parent/Guardian Acknowledgment and Consent

Required for applicants under age 18.

I am the parent or legal guardian of the applicant named above. I give permission for my child to apply for the Youth Entrepreneur Scholarship.

I confirm, to the best of my knowledge, that the applicant is actively involved in the ownership and operation of the business described in this application.

I understand that I may assist my child with understanding application instructions, gathering business information, and completing administrative portions of the application. However, the substantive responses are intended to represent the applicant's own experiences and ideas.

I authorize the Scholarship Committee to contact me and/or the applicant if additional information is needed to verify eligibility or business activity.

Parent/Guardian Name

Parent/Guardian Signature (type full name)

Date

Relationship to Applicant

Please submit the completed Application to: info@bandsofhope.org no later than September 30, 2026.

For Scholarship Committee Use Only

Application Number

Date Received

Eligibility Verified

☐ Yes ☐ No

Supporting Materials Received

☐ Yes ☐ No

Advanced to Judging

☐ Yes ☐ No