



# LAUNCH ACADEMY APPLICATION

*Student Application Forms*

**BUSINESS OWNERSHIP | LEADERSHIP | OPERATIONS | PRESENTATION SKILLS**

Launch Academy is a structured business camp experience designed for high school students. Students are introduced to ownership mindset, operations, organizational structure, leadership discipline, business systems, accountability, corporate attire, and professional presentation skills. The camp is designed to help students think beyond a business idea and begin understanding how real organizations are built, managed, and presented.

|                            |   |
|----------------------------|---|
| <b>Program Location</b>    | Greenville Technical College CMI Campus, 575 Millennium Blvd., Greenville, SC 29607 |
| <b>Program Dates</b>       | July 27 to July 31, 2026  |
| <b>Daily Schedule</b>      | 8:00 AM to 2:00 PM  |
| <b>Lunch</b>               | Lunch will be provided from 11:30 AM to 12:00 PM                                    |
| <b>Student Requirement</b> | A personal laptop is required. Attention to detail is of the utmost importance.     |
| <b>Program Website</b>     | <a href="http://www.launchsuccessgp.com">www.launchsuccessgp.com</a>                |

## Application Instructions

- Complete all sections of this application packet.
- A parent or guardian signature is required for every student applicant.
- A guidance counselor or school representative signature is required to verify school standing.
- Incomplete applications may delay review or acceptance.
- Students accepted into the program are expected to attend the full five-day camp and participate in all activities.



# LAUNCH ACADEMY APPLICATION

*Student Application Form*

## SECTION 1 STUDENT INFORMATION

|                                 |  |
|---------------------------------|--|
| <b>Student Full Name</b>        |  |
| <b>Preferred Name</b>           |  |
| <b>Date of Birth</b>            |  |
| <b>Gender</b>                   |  |
| <b>Street Address</b>           |  |
| <b>City, State, ZIP</b>         |  |
| <b>Student Email</b>            |  |
| <b>Student Cell Phone</b>       |  |
| <b>Parent or Guardian Name</b>  |  |
| <b>Parent or Guardian Phone</b> |  |
| <b>Parent or Guardian Email</b> |  |

## SECTION 2 SCHOOL INFORMATION

|                                 |  |
|---------------------------------|--|
| <b>School Name</b>              |  |
| <b>Current Grade Level</b>      |  |
| <b>Current GPA</b>              |  |
| <b>Guidance Counselor Name</b>  |  |
| <b>Guidance Counselor Email</b> |  |
| <b>Guidance Counselor Phone</b> |  |

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## SECTION 3 STUDENT INTEREST

**Why are you interested in attending Launch Academy Camp?**

**What business idea, career interest, or ownership goal would you like to explore?**

**What leadership, school, work, church, sports, or community experiences should we know about you?**

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*Student Readiness and Participation Form*

## SECTION 4 SKILLS AND EXPERIENCE

- I have participated in a business class or entrepreneurship program.
- I have helped with a family business or community project.
- I have used Microsoft Word, Google Docs, or a similar writing tool.
- I have used Microsoft PowerPoint, Google Slides, Canva, or a similar presentation tool.
- I have used Microsoft Excel, Google Sheets, or a similar spreadsheet tool.
- I am comfortable speaking in front of a group.
- I want to improve my public speaking skills.
- I understand that professionalism and attention to detail are expected.

## SECTION 5 TECHNOLOGY ACCESS

- I will bring a personal laptop each day.
- I have access to an email account I can check regularly.
- I may need assistance with laptop access or technology readiness.

**Please list any software, apps, or technology tools you have used for school or projects.** \_\_\_\_\_

## SECTION 6 CAMP SHIRT AND MEAL INFORMATION

Camp shirt size:  Small  Medium  Large  X Large  2X Large  Other: \_\_\_\_\_

Dietary restrictions or food allergies: \_\_\_\_\_

Medical information the camp team should know: \_\_\_\_\_

## SECTION 7 EMERGENCY CONTACT

|                                |  |
|--------------------------------|--|
| <b>Emergency Contact Name</b>  |  |
| <b>Relationship to Student</b> |  |
| <b>Phone Number</b>            |  |
| <b>Alternate Phone Number</b>  |  |



# LAUNCH ACADEMY APPLICATION

*Parent, Guardian, and School Approval*

## PARENT OR GUARDIAN APPROVAL

**Parent or Guardian Statement:** I approve the submission of this application for my student to participate in The Launch Camp. I understand that attendance, participation, professionalism, and respectful conduct are expected throughout the full five day program. I understand that students must bring a personal laptop each day unless other arrangements have been approved in advance.

**Parent or Guardian Printed Name:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent or Guardian Phone:** \_\_\_\_\_

**Parent or Guardian Email:** \_\_\_\_\_

## GUIDANCE COUNSELOR OR SCHOOL REPRESENTATIVE VERIFICATION

**School Verification Statement:** I verify that the student listed in this application is currently enrolled at the school named above and is being recommended for consideration for The Launch Camp based on readiness, conduct, and interest in learning.

**Guidance Counselor or School Representative Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School Phone:** \_\_\_\_\_

**School Email:** \_\_\_\_\_

## STUDENT AGREEMENT

**Student Commitment Statement:** I understand that The Launch Camp is a structured learning environment. I agree to participate fully, arrive on time, bring required materials, respect instructors and classmates, complete assigned activities, and present my work professionally.

**Student Printed Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# LAUNCH ACADEMY APPLICATION

*Consent, Release, and Waiver of Liability*

## PARTICIPANT AND PARENT CONSENT

I voluntarily request that the student named in this application be permitted to participate in Launch Academy Business Camp operated by Launch Success Group. I understand that the program includes classroom instruction, group activities, business planning exercises, leadership development, presentations, and related camp activities.

I understand that participation in any camp or instructional activity may involve ordinary risks. I certify that the student is physically and medically able to participate, except for any limitations, allergies, medical conditions, or restrictions listed in this application. I agree to notify the camp team in writing of any change in medical status before or during the program.

I authorize Launch Success Group, program instructors, and designated camp staff to take reasonable action in the event of an emergency. This may include contacting the parent or guardian, contacting emergency services, or seeking appropriate medical attention when necessary.

I understand that students are expected to follow all instructions, policies, campus rules, safety expectations, and standards of conduct. I understand that failure to follow program rules may result in dismissal from camp without refund or continued participation.

I release and hold harmless Launch Success Group, its officers, instructors, staff, volunteers, partners, host location representatives, and affiliated representatives from any and all claims arising from ordinary participation in the program, except where prohibited by law. This release is intended to be read and interpreted as broadly as permitted by applicable law.

I understand that this form does not replace any additional documentation that may be required by the host location, school, sponsor, or program partner.

## PHOTO AND MEDIA RELEASE

Please select one:

- I give permission for my student to be photographed or recorded for Launch Camp promotional, educational, and reporting purposes.
- I do not give permission for my student to be photographed or recorded for promotional purposes.



**SIGNATURES**

Participant Full Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submission Reminder:** Please submit the completed packet with all required signatures. Incomplete packets may not be reviewed.

**RETURN APPLICATIONS TO**  
**[LAUNCHSUCCESSGP@OUTLOOK.COM](mailto:LAUNCHSUCCESSGP@OUTLOOK.COM)**

**BY JUNE 23, 2026**

**PAY AT [WWW.LAUNCHSUCCESSGP.COM](http://WWW.LAUNCHSUCCESSGP.COM)**

\$325.00 covers camp tuition, meals, instructional materials, and program resources. A portion of each registration fee will also be designated to support participating students who later attend Greenville Technical College and **can demonstrate how their selected field of study aligns with their entrepreneurial and business ownership goals.**

**BY JULY 1, 2026**