

# VEP Application—University of Florida

Please fill out the form below and email or mail your application.

**Please note that this program is a special and unique opportunity, and has limited availability. As such, please take care when completing the application, and pay particular attention to your personal statement and responses to our questions about your goals and motivations related to entrepreneurship. Admission decisions are based primarily on these responses, and therefore it is unlikely that single sentence answers or very general statements (e.g. “I’ve always wanted to own a business”) will result in a successful admissions decision.**

\* **NAME** First (given) Middle Last (family) Nickname (if any)

\* **ADDRESS**

\* **CITY** \* **STATE** \* **ZIP CODE**

\* **Email Address** \* **Home Phone**

**Gender** **Cell Phone**

\* **Date of separation from active duty** \* **Date of Birth**

\* **Branch of Military service** \* **Rank at separation**

\* **Military Specialty**

\* **Disability Status (%)** **Honorable Discharge:** Yes No

Please explain the nature of your disability:

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**Significant Military Honors (list significant recognitions, decorations, awards)**

Award or Honor	Date

**Academic and Personal History:**  
Indicate below each high school, college, or university you have attended:

Official Name of School	Location of School, City, State	Dates of Attendance	Diplomas, Degrees, Certificates, Dates Received


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

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

Activity	Dates	Hours per week	Positions held, honors

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

Name	Title	Phone

**\*\* Please have recommenders return completed letters of recommendation to you, in sealed envelopes, and submit them separately from this application.**

**Personal Statement:**

6000 character limit for each section

\* 1) What is your primary reason for applying to the VEP Program? What do you hope to get out of it?

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**\* 2)** Describe the venture you want to start (or have started). Where do you want to take this venture over the next five years?

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**\* 3)** What is your primary motivation for entrepreneurship as opposed to working for someone else? Does your disability play a role in your motivation?

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**\* 4)** What at least one past experience that 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?

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**\* 5)** What specific qualifications or experiences make you a strong candidate for this program?

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**PLEASE NOTE: YOU SHOULD PROVIDE THE FOLLOWING IN ADDITION TO THIS APPLICATION.**

- a) Two letters of recommendation**
- b) Your resume**
- c) DD214**

**They can be sent to:**

Dr. Michael H. Morris  
Center for Entrepreneurship and Innovation – VEP  
133 Bryan Hall  
University of Florida  
Gainesville, FL 32611-7168