2021-22 Youth Entrepreneurial Spirit Program (YES!) Program Information

Founded in 2001, GlassRoots is a non-profit organization located in the downtown arts district of Newark, New Jersey, whose mission is to ignite and build the creative and economic vitality of greater Newark, with a focus on under-served youth and young adults, through the transformative power of the glass art experience.

Our Youth Entrepreneurial Spirit (YES!) after-school program is modeled after a nationally recognized curriculum for teaching entrepreneurship. Designed for high school students, YES! is an innovative after-school, year-long program that meets for 22 weekly sessions, where we teach students the fundamentals of business creation and ownership through the beauty of glass-art making.

In the YES! program students will:

- receive 22 hours of in-class instruction in basic business concepts
- receive 33 hours of glassmaking instruction
- gain proficiency in one of our three glass-art shops
- create a business and a product using glass-art, and write a business plan
- learn how to price, package and market the items they have produced
- compete for prizes in our juried, year-end competition and Trade Fair
- have opportunities to sell your products on GlassRoots’ Shopify Store!

Program requirement:

Students come from various backgrounds and schools in and outside the greater Newark area to begin their journey as an entrepreneur. Students must be currently enrolled in high school (grades 9-12) in order to participate in the YES! program. There is no academic requirement to enroll.

The YES program will be taught in-person following all current state and local public health safety guidelines including building occupancy, social distancing and mask wearing.

Funding for this program in the 2021-22 School Year is provided by The Farris Family Foundation, The Sherr Foundation, and generous individual donors.
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Curriculum
The YES! program consists of three parts:

- The Fundamentals of Business Ownership & Entrepreneurship
  Participants receive approximately 22 hours of in-class instruction in basic business concepts including pricing and production, marketing and promotion, public speaking and forecasting. Upon completion of the program, participants compete for prizes in GlassRoots’ Annual Entrepreneurial Competition and Trade Fair, where students demonstrate comprehension of the skills they have learned by presenting and defending their business plan to a panel of judges composed of local business, art and civic leaders.

- Glass Studio Work
  Each student will cycle through our three art studios, receiving a total of 33 hours of instruction across all areas of glass art making: flameworking, (glass beading and jewelry making), flat glasswork, (mosaics, glass fusing and etching) and glassblowing.

- Service Learning for GlassRoots. YES! students are expected to volunteer for at least one GlassRoots event per school year (i.e., Cherry Blossom Festival, Makers’ Faire, fundraisers, etc.) where they have the opportunity to practice public speaking and promotion.

Student Commitment

- Business class instruction takes place virtually, via Zoom, Tuesdays from 2:25 to 3:15pm.
  IF you are unable to join the livestream class, that’s Ok! We will send you the recorded class to watch on your own time, and provide 1-on-1 time with our teacher for additional instruction & support.

- Studio instruction takes place at our studios in downtown Newark at 10 Bleeker Street, weekly on Wednesdays, from 4pm to 6:00pm, from October to March.

- Attendance is taken weekly. Students must call if they will miss class due to illness or family emergency. Students must attend all business classes in order to do studio work.

- The value of the academic year-long YES! program is $1,462.0, with 10 (ten) full scholarship spots available for Newark residents. You must submit a completed application in order to be considered for enrollment in the program.

- Financial aid is available to qualified participants outside Newark. Please see our Financial Aid form for complete details.
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Today’s Date: ____________________________

Applications will be accepted on a rolling basis until class is full.
A complete schedule of class dates will be provided the first week of class.
First class date: October 6, 2021

First Name: _______________________________ Last Name: _______________________________

We ask this question for the purposes of understanding the population we serve, as well as fulfilling our grant reporting requirements. Your response is optional and will be reported anonymously.

Gender: Male: ___ Female: ___ Non-binary or gender non-conforming: ___ Prefer not to say: ___

Date of birth (MM/DD/YY) ___/___/____ Current age: _____ Grade: _____

Address: _________________________________ City: __________________ State: ___ Zip: _________

Student Cell: _____________________________ Student email: _____________________________

Parent/Guardian full name: _________________________________________________________________

Parent/Guardian Cell Phone: _______________ Parent/Guardian Email: ___________________________

Name of School: __________________________ Town school is located: ___________________________

What is your favorite subject or class in school, and why is it your favorite?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

GlassRoots is committed to making our studios & programs accessible to all. Complete information is available on our website:

www.glassroots.org

9/16/2021
What are your hobbies and interests outside of school?

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____________________________________________________________________________________

____________________________________________________________________________________

What do you expect to learn from our business and entrepreneurship program?

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____________________________________________________________________________________

Have you ever had a business idea? If so, what was it?

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____________________________________________________________________________________

____________________________________________________________________________________

Please share your future goals and aspirations. Do these include college? Why or why not?

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____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
GlassRoots Student Participant Agreement:

I acknowledge that I will be working in an environment that is inherently dangerous. I further acknowledge that I will be engaging in activities that involve risks of personal injury and, therefore, require my full attention at all times. As such, I agree to follow all rules set out by the staff of GlassRoots and to exercise due care and caution for both myself and others at all times.

Student Signature: _______________________________ Date: ______________

GlassRoots Parent/Guardian Agreement:

I recognize that working with glass involves risk of personal injury. I assume full responsibility for my child's safety in connection with these activities, and release GlassRoots and its officers, Board of Trustee, employees and agents from liability for injury related to these activities. I also acknowledge that GlassRoots is not responsible for the protection, care or insurance coverage for tools, work in progress or works of art in the event of damage or destruction, or for anything the child brings to class or leaves behind after departure.

I authorize GlassRoots to use photographs or other images of my child and their work for any purposes it finds appropriate, such as for publication, advertisement or exhibition, without charge or further permission.

I have carefully read this agreement and I understand and accept all terms and policies stated herein.

Parent/Guardian Signature: _______________________________ Date: ______________

Does your child have any allergies, medical problems or other special considerations? □ YES □ NO

If yes, please explain:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________