

Women Win!



start grow prosper

APPLICATION FORM

Name: _____

Address: _____

City, State, ZIP: _____

Phone (daytime): _____ Email: _____

The following information is voluntary and solely utilized to tailor the content of this series to you, the registrant, and for aggregate (group totals) statistical collection. All information is confidential in individual form.

Business Interest:

I am interested in starting a _____ business **OR**

I'm not sure what business I'd like to start, but I may be considering this type _____

I would like to start my own business because _____

Job Experience:

____ I have never operated a business before

____ I have had an operating business for ____ years. Type of Business: _____

____ I once operated a business for ____ years. Type of Business: _____

Reason you are no longer operating the business: _____

____ I am not self-employed, but work (type of job): _____

____ In the past, I have worked as: _____

Education:

____ Some high school/vo-tech ____ High school/vo-tech graduate ____ GED

____ Some college. My major was: _____

Finished ____ 2-year / ____ 4-year college degree in: _____ Other (please explain): _____

Computer Knowledge:

I (circle one): **own** / **do not own** a computer. If you do not own (circle one): **I have access to** / **no access to** a computer.

____ I do not know how to use a computer.

____ I have limited computer knowledge, but I don't really know how to use specific programs.

____ I know how to use (check all that apply) ____ Microsoft Word ____ Microsoft Excel
____ Other Programs (please list) _____

About Me:

In my spare time, I enjoy the following hobbies: _____

Right now, the biggest challenge in my life is: _____

I feel my personal financial situation is: _____

I maintain a (check all that apply): ____ savings account ____ checking account ____ loan account(s)

My credit is (check one): ____ good ____ bad ____ I don't know

My primary income source is (check one): ____ SSI ____ SSDI ____ earned wages ____ welfare/TANF ____ Other: ____

I (check all that apply): ____ own a home ____ rent a home ____ neither

Return completed form to SBDC (contact information at top of page) by October 28 to be considered for the program. Space is limited and applicants will be accepted on a first-come, first served basis.