



APPLICATION FOR MICROENTERPRISE INSTITUTE

Today's Date: _____

CONTACT INFORMATION **Please fill out this form completely and legibly!**

GRANT FUNDING IS USED TO SUPPORT THIS PROJECT AND ALLOW US TO OFFER THE COURSE AT A VERY LOW COST. SOME FUNDERS REQUIRE US TO REPORT ON WHO WE ARE SERVING. THE INFORMATION REQUESTED BELOW IS REQUIRED BY OUR FUNDERS AND WILL NOT AFFECT YOUR ELIGIBILITY FOR THE PROGRAM. ALL INFORMATION IS KEPT CONFIDENTIAL AND IS ONLY REPORTED IN THE AGGREGATE; YOUR NAME IS NOT DISCLOSED.

Last Name: _____

First Name: _____ Middle Initial: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone (best number to reach you): _____ Date of Birth: _____

Email: _____ Gender: Male _____ Female _____

Are you a Veteran? _____ Yes _____ No Married: _____ Yes _____ No

Do you have a disability? _____ Yes _____ No

If yes, do you require accommodations to participate? _____

Race/Ethnicity (please select ALL that apply):

- Black/African American
- Asian
- White
- Native-American/
Alaskan Native
- Other
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native and White
- Black African American and White
- Native-American/ Alaskan Native
and Black African American
- Multi-Racial

Do you identify yourself as Hispanic? _____ Yes _____ No

Number of people that live in your household (INCLUDING yourself): _____

SPECIFY: Spouse/Partner Parent(s)
 Dependent Children (total) Sibling(s) (total)
 Other Adults (total) Other Household members (total)

Your highest level of education:

Less than High School High School/GED
 Vocational Some College
 College AA/AS College BA/BS
 Graduate Degree Other (please specify)_____

Please describe your present employment status:

Full Time (more than 35 hours per week) Part Time
 Self Employed Full Time Self Employed Part Time
 Seasonal Employee Retired
 Unemployed (LESS THAN 6 MONTHS) Unemployed (MORE THAN 6 MONTHS)
 Unemployed (MORE THAN 2 YEARS) Other

If female, did you file taxes as head of household last year? Yes No

For which class location are you applying? _____

How did you hear about our program? _____

Do you have any loans that are past due? Yes No

How much money were you able to save last year? \$ _____

Business Information:

1. Describe in detail the type of business do you want to start/have started:

2. How much "Hands On" experience and knowledge do you have in this industry? Please be Specific:

3. What are your biggest challenges, fears, concerns? _____

5. What skills are needed to operate this kind of business and do you possess them already?

6. Please explain below in detail:

Is there a demand for your product/service? _____

Who else supplies the product/service? _____

How will you differentiate your product/service from other suppliers? _____

What are the estimated start-up costs? _____

How will you finance your business? _____

8. Where do you see your business in 3 years (sales, # of employees, locations, etc.)?

9. Have you prepared a preliminary business plan?

10. Who is your support system, and are they in favor of you starting a business?

11. Have you ever had any legal problems that would affect your ability to be in business (please explain)?

12. Have you ever been convicted of a felony? _____

13. What are your expectations of Goodwill's MicroEnterprise Program?

CONSENT AND RELEASE OF INFORMATION

*I hereby certify that the information in the Application is true. If selected to participate in the Goodwill **MicroEnterprise Institute**, I authorize the ongoing sharing of information between programs I am involved in that may be co-sponsoring the class or myself, including my progress, attendance, and/or termination. By checking the box below and typing my name I verify that I completed this application on line.*

Signature

Date

Emergency Contact information

Name _____ Number _____