Southwest Florida MICROENTERPRISE goodwill

APPLICATION FOR MICROENTERPRISE INSTITUTE

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. 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: _____

Preferred Name for name badge: _____

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

Please describe your present employment status:

_____ Full Time (more than 35 hours per week)

_____ Part Time

_____ Self Employed Full Time/Part Time

_____ Seasonal Employee

_____ Unemployed (LESS THAN 6 MONTHS)

_____ Unemployed (MORE THAN 6 MONTHS)

_____ Retired

_____ 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/ concerns re starting a business?

_____

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

_____

_____

6. Please explain below in detail:

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? _____

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

_____

8. 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**_____

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