



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

Do you have a family member that is a Veteran? _____ 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 a 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 (please explain)

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? _____

Please describe the type of debt you have: _____

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

Have you declared bankruptcy in the past two years? _____ Yes _____ No

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

Are you currently in business? Yes No If yes, start date _____

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. Why are you thinking about starting a business? (Please choose from the list below)

To be more in control of my future I don't like working for others To have a job
 Because I have a great idea To make more money Other (explain)

4. 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. Have you considered the following?

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? _____

7. Will this business be your sole source of income, or supplemental income?

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 impact your ability to be in business?

12. 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 _____

Revised: December 2018