



**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:

\_\_\_\_\_

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3. What are your biggest challenges/ concerns re starting a business?

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

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6. Please explain below in detail:

Who else supplies the product/service? \_\_\_\_\_

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

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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)?

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

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### 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.***

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Signature

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Date

### Emergency Contact information

Name \_\_\_\_\_ Number \_\_\_\_\_