

Name: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

What are your entrepreneurial goals in the next year to five years?

1 YEAR	3 YEARS	5 YEARS

**BUSINESS INFORMATION**

Are you already in business?

 Yes

 No

If yes, is this your only employment?

 Yes

 No

How will taking this class help accomplish your goals?

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Please describe your business/business idea.

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What's your motivation to start this business? *OR* Why did you start your business?

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(If applicable) Do you have the necessary industry license(s) to work in your chosen field?

 Yes

 No



# DreamBuilder

LIVE

If no, what is your plan to attain them?

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Describe any management experience you have.

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How much do you project it will cost to start up your business? \$ \_\_\_\_\_

How much have you saved toward that goal? \$ \_\_\_\_\_

Do you intend to apply for a scholarship to help pay for the \$350 cost of the course?  Yes  No

If yes, please provide one of the following: a copy of last year's tax return, your two most recent paystubs, or Form 1099 for scholarship consideration.

Are you already in business?  Yes  No  
If yes, is this your only employment?  Yes  No

\*If you had a business, please include your 2016 tax return. If you have not completed them yet, please communicate to us what your total sales and net income were during 2016.

How many adults live in your household? \_\_\_\_\_  
How many children live in your household? \_\_\_\_\_  
How many individuals do you support besides yourself? \_\_\_\_\_

*Thank you for applying for DreamBuilder Live! A member of the Education + Resources team will contact you shortly regarding your application and acceptance status.*

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**FOR INTERNAL USE ONLY**

Acceptance Date: \_\_\_\_\_  
Payment Date: \_\_\_\_\_  
Approval Signature: \_\_\_\_\_