



DreamBuilder

ACCELERATED

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

Do you intend to apply for a scholarship to help pay for the \$250 cost of the course?

 Yes No

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

How will taking this class help accomplish your goals?

Please describe your business/business idea.

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

If no, what is your plan to attain them?

Describe any management experience you have.

Do you have a website? If so, what is the domain?

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

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

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

FOR INTERNAL USE ONLY

Acceptance Date _____

Payment Date _____

Approved _____

Date _____