

**APPLICANT INFORMATION** 

Name:

## **DreamBuilder**

LIVE

Address:		
Phone:	Email:	
<u>GOALS</u>		
What are your entrepreneurial goa	als in the next year to five years?  3 YEARS	5 YEARS

The Women's Business Center is funded in part through a cooperative agreement with the U.S. Small Business Administration (SBA).



## **DreamBuilder**

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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 go	pals?		
Please describe your business and/or idea.			
What's your motivation to start this business? Or	, why did you sta	rt your business?	
			N
Do you have the necessary industry license(s) to v (Answer only if applicable.)	work in your cnos	en field? Yes	No
If no, what is your plan to attain the industry lice	nse(s)?		



## **DreamBuilder**

LIVE

Describe any management experience you have	ve.			
How much do you project it will cost to start your business?			\$	
How much have you saved toward that goal?			\$	
<u>SCHOLARSHIP</u>				
Do you intend to apply for a scholarship to hel	p pay for the \$250	course fee?	Yes	No
If yes, please provide one of the following paystubs, or Form 1099 for scholarship		ear's tax return, y	our two mos	t recent
Are you already in business?	Yes	No		
If yes, is this your only employment?	Yes	No		
*If you had a business, please include your to		• •	•	iem yet,
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 apply	ying for Dream	Builder Live!		
A representative from The		•		
regarding your applic	cation and acce	ptance status	5.	
FOR INTERNAL USE ONLY				
Acceptance Date:				

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Approval Signature: