

## APPLICANT INFORMATION

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## GOALS

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

1 YEAR	3 YEARS	5 YEARS

What expectations do you have from this class?

Share 1-3 personal and/or entrepreneurial goals you'd like to accomplish from completing this class.

**How will taking this class help you accomplish your next year to five year entrepreneurial goals?**

**BUSINESS INFORMATION**

**Are you already in business?**                      Yes                      No

**If yes, is this your only employment?**                      Yes                      No

**Please describe your business and/or idea.**

**What's your motivation for expanding your business?**

**Do you have the necessary industry license(s) to expand in your chosen field?**                      Yes                      No  
*(Answer only if applicable.)*

**If no, what is your plan to attain the industry license(s)?**

**Describe any management experience you have.**

**How much do you project it will cost to expand your business?** \$ \_\_\_\_\_

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

### SCHOLARSHIP

**Do you intend to apply for a scholarship to help pay for the \$250 course fee?** 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.*

*\*If you had a business, please include your 2019 tax return. If you have not completed them yet, please communicate to us what your total sales and net income were during 2019.*

**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 DreamMaker!  
A representative from The Iowa Center will contact you soon  
regarding your application and acceptance status.*

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#### **FOR INTERNAL USE ONLY**

Acceptance Date: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_