

# Women's Small Business Program

## Scholarship Application

Last year's tax information must be submitted with this scholarship application

Date _____	Date of Birth: _____	
First Name _____	Last Name: _____	
Business Name _____	Type of Business: _____	
Street Address _____	County _____	
City _____	State _____	Zip _____
Home Phone _____	Work Phone _____	email _____

What is your educational background?

<input type="checkbox"/> Some High School	<input type="checkbox"/> Associate's Degree
<input type="checkbox"/> High School Graduate or GED	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Some College	<input type="checkbox"/> Graduate Degree

What is your current employment status?

<input type="checkbox"/> Self-employed Part Time _____ Full-time _____	<input type="checkbox"/> Homemaker
<input type="checkbox"/> Employed by someone else Part Time _____ Full-time _____	<input type="checkbox"/> Unemployed

How many people in your household are supported by this income? \_\_\_\_\_

Adults 18 years and over (include yourself) \_\_\_\_\_

Children under 18 \_\_\_\_\_

What was your gross household income before taxes last year that supported all members of the household? \$ \_\_\_\_\_

Social Security Number \_\_\_\_\_

Source of income (Check all that apply):

<input type="checkbox"/> Employment	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> TANF
<input type="checkbox"/> Self-employment	<input type="checkbox"/> Social Security	<input type="checkbox"/> Other
<input type="checkbox"/> Spouse/Partner's Employment		

Racial/ethnic background: (optional) \_\_\_\_\_

Please describe any special circumstances which may relate to your need for a scholarship:

I verify that the above information is correct to the best of my knowledge.  
Signature: \_\_\_\_\_

For office use only
Name of class: _____
Grant Eligibility: _____