



Start Up Application

Applicant's Name _____

Telephone (H) _____

(W) _____

(C) _____

Address _____

Email _____

All information will be kept confidential.

Welcome to the application process for *Start Up*. Enclosed you will find an application form and self-assessment packet. Please complete as much of the self-assessment as possible, unless you have owned a business before or are considering Start Up to expand an existing business, in which case complete the self-assessment to the degree it is useful to you. Thank you for responding. **If you have any questions or need assistance completing the packet please call the WSBP office at 846-7338.**

Send the completed application and \$25 non-refundable application fee to:

Ali Marchildon
Program Coordinator
Women's Small Business Program
255 South Champlain St., Suite 8
Burlington, VT 05401
(802) 846-7338

Please fill out the following information as completely as possible. The information requested in this application will be kept confidential, except as needed for grant information. Some of the application questions are personal and may seem inappropriate, (race, annual income etc.). Please be advised that we are trying to gather data about the people we serve in our various programs here at Mercy Connections. This information helps us provide required aggregate data to certain funding sources and also helps us evaluate and ensure that we are intentionally serving a diverse population.

NAME: _____ Date of Birth: _____

Did you attend "Getting Serious?" ___ Yes ___ No If yes, what month and year _____

(Note: "Getting Serious" is not a prerequisite for "Start Up".)

EMPLOYMENT

Are you presently employed? _____ What is your race/ethnicity? _____
 Part-time ___ # of hours/week ___ Annual income _____
 Full-time ___ # of hours/week ___ How many people in your household are supported by this income?
 No _____ Adults 18 yrs.+ (include yourself) _____ Children under 18 _____

Work History: (Begin with current or most recent job; use extra paper if needed, or attach a resume.)

<u>Date</u>	<u>Employer Name/Address</u>	<u>Full Time</u>	<u>Part Time</u>	<u>Position</u>
_____ to _____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

High school graduate: ___ Yes ___ No

General Equivalency Diploma (GED): ___ Yes ___ No / Date: _____

College attended: ___ Yes ___ No

Name: _____

Dates Attended: _____ Degree or certificate received: _____

List math and/or business courses taken:

Passed

<u>Course</u>	<u>Date</u>	<u>School</u>	<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have the technical skills or background you need to start or expand your business? Yes No

List Training Programs or Trade School(s) attended:

Completed

<u>Date</u>	<u>Training Sponsor</u>	<u>Kind of Training</u>	<u>Yes</u>	<u>No</u>
_____ to _____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____

Are you currently enrolled in an educational training program? Yes No

If yes, how many hours a week do you spend in class? _____

How many hours of homework are you expected to complete? _____

Name of School: _____

Subject Area: _____

Scholarships

Vermont Student Assistance Corp (VSAC) offers non-degree grants to eligible applicants. Participants who are interested in scholarship money should apply to VSAC first because of Mercy Connections limited scholarship funds. VSAC’s application process can take several weeks to months depending on the time of year. Contact VSAC at 1-800-882-4166 or the WSBP office at (802) 846-7338 to request an application.

Scholarships are available to those participants who qualify. They are given out on a first come basis. In order to apply for a scholarship you must **complete the scholarship application** on the next page and **attach last year’s tax information**. Without the tax information we cannot determine if you are eligible for a grant.

I am interested in applying for grants and/or scholarships. Yes No

Scholarship Application

Last year's tax information must be submitted with this scholarship application
 Scholarships for Start Up are awarded based on need, on a first come first served basis so apply early.

Date		Date of Birth	
First Name		Last Name	
Business Name		Type of Business	
Street Address			
City		State	
Home Phone		Work Phone	
		Zip	
		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?
 \$ _____

Sources 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

Women's Small Business Program Self Assessment

The self-assessment portion is designed to help you decide whether or not *Start Up* and starting or expanding a business at this time makes sense for you. It also helps you to think about some of the things you will need to explore during *Start Up*. Although it is not a writing assignment, we will appreciate your efforts to make the material legible. We will use the information you give us to guide us in the selection process.

Women-owned businesses are on the increase. Women are starting businesses at twice the rate of men. These women are entrepreneurs - individuals who organize, manage and assume all the risks of being in business. Although there is no single set of characteristics or situations to describe the female entrepreneur, many of the problems, issues and rewards that women will encounter being self-employed will be similar. The following pages are a compilation of issues you will need to address on your way to self-employment. As a self-inventory, these activities will help you clarify your business idea and potential, as well as identify those areas you will find most challenging and rewarding.

What Do I Already Know About Myself?

⇒ Why do you want to be self-employed?

⇒ What do you want to achieve in the next three to five years?

--Personally:

--Professionally:

--Financially:

Why Now?

⇒ **What makes you think this is the ideal time for you to start or expand your business?**

⇒ **What is holding you back from starting your business?**

⇒ **What questions do you need answered before you actually commit yourself to starting or expanding a business?**

⇒ **My primary reason for starting or expanding a small business is to:**

- _____ Supplement my family's income.
 - _____ Create an alternative job for myself that fits better with my family structure and responsibilities.
 - _____ Create an alternative job for myself that removes me from an employer/employee relationship.
 - _____ Have greater job satisfaction as well as an opportunity for personal and professional growth.
 - _____ Totally support my family.
 - _____ Develop a large successful business that will accumulate capital as it grows.
 - _____ Other, please specify: _____
-

What Do I Already Know About My Business?

⇒ What is your business idea or current business?

⇒ Where would your business be located?

⇒ Describe your product or service.

⇒ Who will buy your product or service? Why?

⇒ Who do you see as your competition? Why will consumers buy from you instead of your competitors?

⇒ In what ways will you deal with the public in your business? Will you enjoy this contact? What will be the hardest contacts for you to make?

⇒ Why do you think this business will succeed?

What About Money?

⇒ **What will you do if the business does not generate enough revenue to support you?**

⇒ **How much money can you invest in your business?**

⇒ **How much can you afford to lose?**

⇒ **Have you established a credit history?** _____ Yes _____ No

⇒ **If yes, does your credit history need repair?** _____ Yes _____ No

⇒ **Do you have the equipment you will need to start your business?**

_____ Yes _____ No If no, what are your minimum requirements?

What Skills and Resources Can I Bring to the Business?

⇒ **Do you have the technical skill you need to start your business?** _____ Yes _____ No

If no, can you get the training in your business area? How long will the training take?

⇒ **Have you had any small business training?** _____ Yes _____ No

⇒ **Have you ever managed a business?** _____ Yes _____ No

⇒ **Have you talked the idea over with family and friends?** _____ Yes _____ No

If yes, what was their response?

If no, what do you expect their reaction to be? Why haven't you shared your ideas?

⇒ **How much time do you think you'll need to commit to your business on a weekly basis to make it succeed?**

Can you commit the time? _____ Yes _____ No

If no, what will you change in your current schedule to make the time available?

Summary

The first sections of this Assessment were designed to help you explore your personal expectations as well as organize some information you already know about your business idea. This last section will help you summarize some issues you may want to consider while making your decision about starting a business.

⇒ **Use the following chart to identify the pros and cons of starting a small business at this point in your life.**

PROS	CONS

⇒ **What do you expect from the Women's Small Business Program?**

⇒What small business assistance programs have you already used?

⇒What questions about the WSBP do you need answered before entering the program?

⇒Please use this space to share your thoughts about what will be the most enjoyable and what will be the most difficult parts of this training program. (You may use the back of this page to answer.)

⇒What unresolved questions do you have concerning either your business potential or idea?

The primary source of examples, information or ideas for the assessment package was the Women's Economic Development Corporation, St. Paul, Minnesota.