



**Appleton Northside Business Association**  
**Build Your Skills and Grow Your Business Scholarship Application**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name \_\_\_\_\_  
 Business Website \_\_\_\_\_  
 Business Status:  Nascent (Not yet started)  
 Startup  
 Established

NAICS (If known): \_\_\_\_\_ Are you a Veteran:  Yes \_\_\_\_\_  No

- If you indicated that you are in business (startup or established) all the information below is **required**.
- If you selected Nascent (Not yet started) - you can move on to **ADDITIONAL INFORMATION** section.

Business Organization  Sole Proprietorship  Corporation  
 Partnership  S Corporation

Number of Employees: Full Time \_\_\_\_\_ Part Time: \_\_\_\_\_  
 Female Ownership (0-100%): \_\_\_\_\_ Business State Date: \_\_\_\_\_  
 Annual Sales \$\$: \_\_\_\_\_ Annual P/L \$ (Profit/Loss): \_\_\_\_\_

**ADDITIONAL INFORMATION - about your proposed/existing business** (used to evaluate your application)

1. What is your business/startup/growth idea (include products or services)?
2. What problem will your business/startup/growth idea solve, what need will it meet or what want will it satisfy?
3. Who is the customer (to whom you are selling)?



4. What makes you think you will be successful (background, experience, skills and interests)?
  
5. You have accomplished some amazing things as a business owner; in what areas do you think you need to improve?
  
6. Why will this Scholarship help you in realizing your business' goals?

**TERMS & CONDITIONS**

The Applicant:

1. Certifies to the best of his/her knowledge and belief, the information being submitted on this grant application is true and correct.
2. Understands admission to the grant is a competitive process and not all applications are funded.
3. Certifies the matching funds provided by the applicant are not provided by other state sources.
4. Agrees to pay Fox Valley Technical College class fees in full if a completed business plan is not submitted and/or accepted by Fox Valley Technical College within 3 months of completion of the class.
5. Agrees to release a copy of the Business Plan to be funded by this application to Fox Valley Technical College.
6. Certifies that he/she has not declared bankruptcy during the past 12 months.
7. Understands that only one grant per individual may be eligible to receive the grant.

Please know, if you receive the FVTC Venture Center grant to help you realize your business dream, you will be asked to contribute to the FVTC Venture Center grant fund in the future so you can help others realize their dream.

I agree to these terms:  Yes  No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Award Amount: \_\_\_\_\_

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