

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 does it meet or what want does it satisfy?

3. Who are your customer segments (to whom you are selling)?

4. What makes you 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 the application process is a competitive process and not all applications are funded.
3. Certifies that he/she has not declared bankruptcy during the past 12 months.
4. Understands that only one Scholarship, per individual, is awarded.
5. Understands FVTC Venture Center trainings and workshops are continuing education opportunities and not academic courses.
6. Agrees to share the story of impact, from this scholarship at the ANBA Annual Meeting.

Please know, if you receive the **Appleton Northside Business Association Scholarship**, you will be asked to contribute to the ANBA Scholarship fund in the future, so together we can help others build their skills and strengthen their businesses.

I agree to these terms: Yes No

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Approval: _____ Date: _____

Approval: _____ Date: _____

Award Amount: _____