



Veterans Business Resource Center Bootstrap Training Program Application

CONTACT INFORMATION

Date First Name Middle Initial Last Name

Street Address

City of Residence State ZIP Code County

Home Phone Number Cell phone number Email address

Work Phone Number Best way to contact you. Home Work Cell Email

Date of Birth

Gender Male Female

Ethnic Background: Branch of Service? Army Air Force Navy Marine Coast Guard
 African-American Guard Reserve
 Asian
 Hispanic/Latino Do you have a service connected disability? Yes No
 Native American If yes, percentage: _____
 White
 Other (Please Specify):

Are you receiving disability? Yes No

Please list all benefits you **currently** receive:

SSI SSDI Other (please specify):

What is your highest level of education?

Less than High School College AA/AS
 High School/GED College BA/BS
 Vocational Graduate Degree
 Some College Other (please specify):

Describe your present employment status:

Full Time (more than 35 hours/week) Seasonal Employment
 Part Time Unemployed less than 6 months
 Full Time Self Employed Unemployed more than 6 months
 Part Time Self Employed Unemployed more than 2 years

Business Financial Profile (if currently in business)



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Veterans Current Investment /Current /Projected /Unknown/Unsure
Business Last Year's Annual Gross Income _____

Did the company Break-Even, Profit or Loss last year? Profit Loss Break Even
How much? _____

How many partners hold/will hold 20% or more ownership in business?

List Partners/% of ownership: _____ (include yourself)

Projected Start-up/Expansion Investment _____
Have you ever operated a business? Yes No
Do you currently operate a business? Yes No

Name of Business: _____
Business Entity Type: Sole Proprieter Corporation
 LLC LLP Other, specify: _____

What is your highest priority for assistance? (choose one response that fits best)
 Trying to decide if business ownership is right for you, or if your business idea is viable, through the development of a plan?
 Need assistance and/or capital to make your existing business more formal or stable?
 Need assistance and/or capital to deal with an immediate and threatening problem with an existing business?
 Looking for assistance and/or capital to substantially grow your business?
 Other (specify)

What are your expectations for the amount of annual income (salary you pay yourself, profits, or other funds that are used for household expenses) from your business that you will be able to take next year?

Follow-Up Surveys and Release of Information

I agree that all of the information in this application is true to the best of my knowledge. If selected to participate in the Bootstrap Training Program, I authorize the ongoing sharing of information with the VBRC, including this report and any future progress, attendance, and/or termination. I authorize the VBRC Staff and representatives to review my credit report provided by me as it pertains to this class and grant applicaiton. I understand all information will be kept confidential and only used in a collective form.

Signature _____ Date _____