



Grant Application

Select one: _____ Business Grant (\$1000.00 towards business-related equipment or Services)

_____ Career Advancement Grant (\$1000.00 for continuing education)

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Business/Nominee's Name: _____

Address: _____

City: _____

What goods/services do you provide or plan to provide? _____

How long in business? _____ Licensed? _____

_____ Full-time or _____ Part-time

Are you the owner of the business? _____

Please attach a copy of your business plan (if you have one)

Type of ownership: DBA, Sole Proprietor, Partnership/LLC, Corporation

How much time per week do you devote to this business? _____

Why did you start this type of business? _____

How will these funds improve your business? _____

What is the highest goal you ever set for yourself and how did you attain it? _____

How would you describe a "hard worker"? _____

What words do your peers use to describe you? _____

Why is it important to you to help others? _____

Education: _____ Level: _____

Please provide one employer reference (non-family member)

Name: _____

Address: _____

Please list three personal references who are not family members:

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Would you be interested in mentoring with a Women-in-Charge member? _____

