



IF YOU LEAVE ANY BLANK SPACES ON THIS APPLICATION, WE WILL NOT BE ABLE TO PROCESS IT AND YOU WILL NOT BE CALLED IN FOR AN INTERVIEW. ATTENDANCE AT ORIENTATION DOES NOT GUARANTEE YOUR ACCEPTANCE INTO EITHER PROGRAM.

Name _____ Orientation Date _____
(First, Middle Initial, Last)

Address _____ Birth date _____ Sex: ___F ___M
(Street Number)

_____ Social Security Number ____-____-_____
(City, State, Zip)

County _____ Telephone # (_____) - ____-_____
Work # (_____) - ____-_____

Who is your state representative? _____
Who is your state senator? _____

Do you have a disability? ___Yes ___No

Are You Head of a Household? ___Yes ___No

Relationship Status:

_____ Married _____ Single _____ Separated
_____ Divorced _____ Living with Partner
_____ Widowed

Educational Background

Circle the Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

_____ Received 2-year Degree _____ Received 4-year Degree
_____ Received High School Diploma / GED _____ Graduate Level Training
_____ Some College Courses _____ Received Advanced Degree
_____ Attended Vocational / Technical Training

Ethnic Background

_____ African American _____ Asian/Pacific Islander _____ Caucasian
_____ Hispanic _____ Native American _____ Other

Are you a U.S. Citizen? ___Yes ___No

Are you a Veteran? ___Yes ___No

If No, are you a permanent resident?
___Yes ___No

Current Major Source of Income (Check all that apply)

_____ Working Full-Time (More than 35hrs. per week) Salary \$ _____ Other Household Income
_____ Working Part-Time (Less than 35hrs. per week) Income \$ _____ Social Security
_____ Self-Employed Full-Time _____ SSI / SSDI
_____ Self-Employed Part-Time _____ Unemployment Compensation
_____ Public Assistance

If you checked Public Assistance, what kind?

_____ Food Stamps \$ _____ Amount you receive monthly
_____ AFDC / General Assistance \$ _____ Amount you receive monthly
_____ Medical Assistance \$ _____ Amount you receive monthly
_____ Other \$ _____ Amount you receive monthly

How long have you been receiving public assistance? _____ yrs

What is your Annual Gross Individual (not household) Income? \$ _____
(If you do not know your yearly income, then please indicate if it is monthly or weekly)

What is your Annual Gross Household Income? \$ _____
 Family Household Size: _____ Number of Adults (18yrs and older) _____ Number of Children (Less than 18yrs old)
 (Include yourself)

How did you hear about our programs? (please specify)

_____ Newspaper _____	_____ TV / Radio _____
_____ Family / Friends _____	_____ Former / Current clients _____
_____ From Gov't Agency _____	_____ Referred by Another Organization _____
_____ Other _____	_____ Referred by Bank _____

List Children and other Dependents

	Name	Age	School / Daycare Facility
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Emergency Contact:

Name / Relationship _____ Telephone (_____) - _____ - _____

Address _____

References:

Please list below two people who can vouch for your personal character or technical expertise (i.e., boss, co-worker, customer, landlord, etc.)

	Name	How Acquainted?	Telephone Number
1.	_____	_____	_____
2.	_____	_____	_____

EDUCATION AND WORK HISTORY (a resume may be substituted for the next two sections)

Education:

School	Name and Location	Number of Years	Degree?	Special Concentration?
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

Employment and Job Training History:

List below the jobs and job training you have had. Start with your current or most recent experience and work backwards. If more space is needed, please attach a second page.

<u>Name and Address of Employer or Job Training Program</u>	<u>Dates</u> <u>From</u>	<u>Salary</u>	<u>What was</u> <u>Your job?</u>	<u>Reason for Leaving</u>
1.	<u>To</u>	_____	_____	_____
	<u>From</u>	_____	_____	_____
2.	<u>To</u>	_____	_____	_____
	<u>From</u>	_____	_____	_____
3.	<u>To</u>	_____	_____	_____
	<u>From</u>	_____	_____	_____

Business Information:

Which category best describes your stage of business development?

_____ I would like to start a business and have several possible ideas.
 _____ I have selected a business idea and need direction to get started.

I have started my business (informally).

I am running a business venture.

Are you licensed?

Business Name: _____

The business is / will be located in my home a retail location other

Type of Business:

Construction

Transportation or Utilities

Service:

Food Service Production

Personal

Wholesale / Sales Rep.

Business

Retail / Trade

Agriculture

Manufacturing

Green / Environment

Finance / Insurance / Real Estate

Telecommunications

Other

Do you Import / Export?

What related experience, training or skills do you have for this kind of business (i.e., prior job, skill, hobby or education).

In a short paragraph, please describe your business. Possible items to include are: Your product / service; your customers, who they are and why they buy from you; your competition; your hours, location, employees; your advertising, etc.

In order to adequately plan for your business' success, you also need to have an idea about the physical needs for your business. What do you see as the needs or your business in terms of raw materials, location and financing.

In SET, a minimum of 20% of your own cash or equipment must be invested in your business to qualify for financing. Assuming your project costs \$10,000, then \$2,000 equity is needed. What would your plan be to raise this amount?

START SMART – START GREEN Entrepreneurship Training

There are a limited number of openings for Start Smart Training. Please describe what you hope to gain from the program and why you should be accepted.

I am requesting Entrepreneurship training and business assistance from the WOMEN'S OPPORTUNITIES RESOURCE CENTER (WORC). I have completed this application honestly and have read Eligibility Guidelines. I am willing to abide by those guidelines. I understand that I am responsible for WORC's fees for the Start Smart Classes, which will be charged for WORC's assistance. I agree to release any information to counselors and third-party business assistance providers that is relevant to the assistance being provided. I understand that my completion of WORC's Start Smart Training is in no way a guarantee of financing nor is it any assurance of business success. I waive my rights to all claims against, WORC, WORC's staff, WORC's Advisory Council and/or WORC's cooperating business assistance providers.

Date Completed

Applicant's Signature

Print Name

Thank you for your application. Please return it to:

WORC

**Women's Opportunities Resource Center, Inc.
2010 Chestnut Street
Philadelphia, PA 19103 (215) 564-5500**