



GCM Entrepreneurship Program Application

Applicant Information		
Program Interest: <input type="checkbox"/> Bus I <input type="checkbox"/> Bus II <input type="checkbox"/> Ice House Entrepreneurship Program <input type="checkbox"/> Entrepreneurial Mindset Training <input type="checkbox"/> Bus Coaching		
First Name: _____ Last Name: _____ Middle Initial: _____		
Date of Birth: ____/____/____	SSN ____/____/____	Home Phone: _____
Current Address: _____ City _____ State: _____ Zip Code: _____		
E-mail Address: _____	Own _____ Rent _____	Neighborhood Community: _____
Cell Phone: _____	Annual Household Income \$ _____	How long at Residence? _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Number of people in Household: _____		
Race: Black African/American _____ White/Caucasian _____ American Indian/Alaska Native _____ Asian American _____		
Ethnicity: Hispanic Y/N _____ Female Head of Household: Y/N _____ Veteran: Y/N _____ Currently Active: Y/N _____ Disabled: Y/N _____		
Education Level: <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> 12 Gr or Lower <input type="checkbox"/> Some College <input type="checkbox"/> 2-Yr Agree <input type="checkbox"/> 4-Yr Degree <input type="checkbox"/> Masters or Above		
Do you have access to the internet in your home? Y/N _____ Do you have a personal PC, laptop, tablet, I-Pad, you can access weekly? Y/N _____		
I would prefer to be contacted via: <input type="checkbox"/> text <input type="checkbox"/> email <input type="checkbox"/> call (Rank 1,2,3)		
How did you hear about GCM? <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Website <input type="checkbox"/> FB <input type="checkbox"/> IG <input type="checkbox"/> Twitter <input type="checkbox"/> CAA <input type="checkbox"/> AACC <input type="checkbox"/> SBDC <input type="checkbox"/> Urb Lea <input type="checkbox"/> Other _____		
We would like to connect with you. Please provide your social media outlets: FB _____ IG _____ Twitter _____		
Mindset & Prospective		
I often seek resources to overcome challenges. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree		
I am comfortable asking questions in a group setting. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree		
I set goals for myself on a regular basis <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree		
I am currently happy with my current job or career choice <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree		
I spend _____ on social media or internet searching per week? _____ 1 hr or less per day _____ 2-3 hrs per day _____ 3+ hrs per day		
Have you ever taken an online course before? Y/N _____ If yes, where and when? _____		
What are your top 3 goals or objectives for taking and completing the GCM Entrepreneurship Program?		
1. _____		
2. _____		
3. _____		
Why are you starting this business?		
Business and Employment Information		
Business Name: _____	Business Website _____	<input type="checkbox"/> Start-up <input type="checkbox"/> Existing (Part Time) <input type="checkbox"/> Existing (Full Time)
Business address: _____	Zip Code _____	Neighborhood Community: _____
Legal Status: Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> S Corp <input type="checkbox"/> Corp C <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	Number of Employees FT _____ PT _____	Type of Business _____ Registered Business: <input type="checkbox"/> Yes/No I have a written Business Plan <input type="checkbox"/> Yes/No
Estimated Gross Revenue in the past 12 months? \$0-30k _____ \$31k-50k _____ \$50k-75k _____ \$75k-100k _____ 100k+ _____		
Currently Employed <input type="checkbox"/> Yes/No _____ hours per wk	Second Job: <input type="checkbox"/> Yes/No _____ hours per wk	Receiving Unemployment <input type="checkbox"/> Y/N
Engagement		
I authorize the verification of all information provided on this form and is accurate to my knowledge. I acknowledge this form is for the use and eligibility of the GCM Entrepreneurship Programs and Services. Information herein is confidential for GCM purposes. This information can be used for the tracking and reporting to GCM Funders and their designated Partners.		
Signature of applicant: _____		Date: _____