

Business Planning

Course Application

Name: _____

Street Address: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Fax: _____

Email: _____

Annual household income: \$ _____

Number of people in your household: _____

Date of Birth: _____

Gender: Male Female

Race / Ethnicity (mark one or more):

African American Hispanic

Asian Native American

Caucasian

Other: _____

What days of the week work best for you? Monday Tuesday Wednesday

Thursday Friday Saturday

What times would you prefer to take the class? 9 AM - 12 PM 12 - 3 PM

3 - 6 PM 6 - 9 PM

Describe your business concept: _____

Are you currently in business: Yes No

Name of company: _____

How many businesses have you created? _____

How many are still in operation? _____

How many employees (including yourself) do you currently have? _____

Estimate your average annual gross sales for each business: _____

Type of business: LLC Corporation Sole Proprietorship

Other: _____

Work Status: Full Time Part Time Seasonal

How did you find us: Newspaper Internet TSBDC BDC

Word of mouth: _____ Other: _____

Signature: _____ **Date:** _____

I understand that SpringBoard does not guarantee that I will be successful in my business. Furthermore, the benefits gained from participating in SpringBoard are a result of time, energy and dedication to the training program, and thus are not based solely on the completion of the coursework. I further understand and authorize SpringBoard to provide applicable information to the assigned management counselor(s). I understand that any information released to be held in strict confidence by him/her. No person will be excluded from participation in or otherwise subjected to discrimination in regard to services, programs and employment provided by the Lyndhurst Foundation DBA CreateHere based on race, sex, color, national origin, sexual orientation, disability, age or religion.



55 East Main Street, Suite 105
Chattanooga, TN 37408
www.createhere.org
423.648.2195

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Round _____	Paid: _____

Applicant's Name