



Application for Participation in Entrepreneurial Training Program

SPRING 20__ FALL 20__

Registration Fee: \$150.00 (includes textbook)

Name _____

Home Address _____ Apt. _____

City _____ State _____ ZIP Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Please indicate your preferred location to attend classes (check one): Yonkers White Plains

1. Type of business you are interested in starting or expanding _____

2. Are you currently in business: Yes No (If you answered yes, go question #3. If you answered 'no' skip #3 and go #4)

3. If you answered 'yes' to question #2 please answer the following questions:

- a. When did you start your business? _____
- b. Do you have a written business plan? Yes No
- c. Are you currently working in your business? Yes No
 - i. If yes, how many hours are you working in your business? _____
- d. How much do you plan to work in your business in the coming year?
 - Full-time Part-time Unsure
- e. Do you have the resources (capital) to continue and/or expand your business?
 - Yes No Unsure

4. If you answered 'no' to question #2 please answer the following questions:

- a. please indicate the current status of your business idea:
 - Do not yet know what type of business I want
 - Have business idea, but have not begun a business plan
 - In process of developing/writing my business plan
 - Starting a business
- b. Have you identified target market (geography, potential clients, etc.) Yes No Unsure
- c. Will your business be home based initially? Yes No Unsure
- d. Do you have the resources (capital) you will need to start your business? Yes No Unsure
- e. Have you previously owned a business? Yes No Unsure
- f. How much do you plan to work in your business in the coming year?
 - Full-time Part-time Unsure

5. Please describe your business (or business idea):

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6. Why did you choose this business (experience, hobby, etc.)?

7. Please indicate the three topics you most need assistance with to open and/or expand your business:

- | | |
|---|--|
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Understanding of what it takes to open a business |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Legal issues |
| <input type="checkbox"/> Operations Planning | <input type="checkbox"/> Tax issues |
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Other (please be specific) |
| <input type="checkbox"/> Communication skills | |

8. What do you hope to learn in the WEDC class (please be specific)?

9. Please circle your level of proficiency with the following:

Computer basics	None	Beginner	Intermediate	Advanced	Not Sure
Managing files & folders	None	Beginner	Intermediate	Advanced	Not Sure
MS Word	None	Beginner	Intermediate	Advanced	Not Sure
MS Excel	None	Beginner	Intermediate	Advanced	Not Sure
Internet	None	Beginner	Intermediate	Advanced	Not Sure
E-mail	None	Beginner	Intermediate	Advanced	Not Sure

10. How often do you use the computer?

- a. ___ Daily
- b. ___ Weekly
- c. ___ Monthly

11. What programs do you use the most? (Check all that apply)

- a. ___ Microsoft Word
- b. ___ Excel
- c. ___ PowerPoint
- d. ___ Internet

12. Please attach a resume or description of recent work history.

Return Completed Form with \$150 registration fee to:

Women's Enterprise Development Center Inc. • 1133 Westchester Avenue, Suite N-220
White Plains, NY 10604

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