



To apply for Financial Aid fill out the form provided:

1. Print the document.
2. Fill in the information requested.
3. Mail or fax the form to:
Women's Business Development Center
1315 Walnut Street, Suite 1116
Philadelphia, PA 19107
Fax: 215-790-9231
4. Upon receipt of the document you will be contacted regarding your financial aid application.
5. If you require assistance call 215-790-9232 or email info@womensbdc.org



Financial Aid Application

The Women's Business Development Center provides the highest quality services at the most affordable prices. Financial aid based on need is available for individuals who would otherwise be unable to access our services. The following information will be used to determine your fee. You must apply for financial aid before registering for a course.

Name _____

Address _____

City _____ State _____ Zip _____ County _____

Business Name (if applicable or business idea) _____

Day Phone _____ Evening Phone _____

Fax _____ Email _____

Please specify Program/Service for which you are requesting financial assistance.

1. Program Name: _____

Individual Consulting _____ Loan Packaging _____

2. What is your current total annual household income? (Nearest \$10,000) _____

3. How many people (including yourself) were supported by that amount? _____

4. Will your household income this year differ significantly from the previous year? If so, please explain.

5. What is the value of your checking, saving, investments, money market, retirement accounts, etc.? _____

6. How much equity do you have in real estate? _____

7. What is your current employment status?

- Unemployed and thinking about starting a business
- Employed and thinking about starting a business
- Employed and now working part-time in your own business
- Now working full-time in your own business

Please explain any special circumstances that make it difficult for you to pay the fee.

8. What part of the program fee could you pay?

Your signature signifies:

- 1). The information reported on this form is true, accurate and complete.
- 2). You authorize the Women's Business Development Center to verify any of this information and request additional information as necessary.

Signature: _____

Date: _____

Mail or fax financial aid application form to:

WBDC
1315 Walnut Street, Suite 1116
Philadelphia, PA 19107-4711
Phone: 215-790-9232
Fax: 215-790-9231
Email: info@womensbdc.org

For Office Use Only:

Approved Fee _____