



## FastTrac<sup>®</sup> NewVenture<sup>™</sup> Application form

### For aspiring entrepreneurs---

**FastTrac<sup>®</sup> NewVenture<sup>™</sup>** presents the rewards and risks of entrepreneurship, methods and tools for market research and financial estimates, plus entry strategies. You will learn the process for preparing and will complete a start-up business plan.

<b>FastTrac<sup>®</sup> NewVenture<sup>™</sup></b>
Ten sessions from 6:00 pm – 9:30 pm on the following Mondays: March 19, March 26, April 2, April 9, April 16, April 23, April 30, May 7, May 14, & May 21
<ul style="list-style-type: none"> <li>• Graduation Ceremony – Monday, June 11, 2018 from 5:30 – 7:30pm</li> </ul>
<ul style="list-style-type: none"> <li>• Fee: Course registration / materials: \$350</li> <li>• <b>Early registration discount: \$300 for applications submitted by February 26, 2018</b></li> <li>• Final application deadline: March 5, 2018</li> <li>• Fees are non-refundable. Limited financial aid is available to those who qualify.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Location: Women's Business Development Center 1315 Walnut Street, Suite 1124 Philadelphia, PA 19107-4711</li> </ul>

### Application Instructions:

- Fill in all the information requested and provide as much detail as possible in the spaces provided.
- Feel free to attach any documents about your business concept, product or service, or business needs and strategies.
- Mail or fax your completed application to:  
Women's Business Development Center, 1315 Walnut St., Suite 1116, Philadelphia, PA 19107.  
Fax: 215-790-9231.

Space is limited! Applications will be considered on a first come, first served basis.

Upon receipt of your application, WBDC will contact you for a phone interview. You will be notified by mail regarding your acceptance. If accepted, you must submit your payment by the due date indicated on your acceptance letter to reserve your seat.

If you have any questions, please call 215-790-9232, email [info@womensbdc.org](mailto:info@womensbdc.org), or visit our website at [www.womensbdc.org](http://www.womensbdc.org).

<b>FastTrac<sup>®</sup> NewVenture<sup>™</sup></b>
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PLEASE PRINT

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address (home or business) \_\_\_\_\_  
Street\_\_\_\_\_  
City State Zip Code

Name of Your Business (if applicable) \_\_\_\_\_

Check Best Daytime Phone Number to Contact You:

 Home \_\_\_\_\_  Business/Work \_\_\_\_\_  Cell \_\_\_\_\_

Preferred E-mail address:

(for internal use only)

 Personal \_\_\_\_\_  Business \_\_\_\_\_

Website: \_\_\_\_\_

*Please note: all information you provide in and with your application will remain confidential and will be used by the Women's Business Development Center only in evaluating your readiness for the program.*

Generally, your readiness for the course is indicated by the following: For FastTrac NewVenture you have identified and can describe a business concept, product or service for which you will be able to pursue the preparation of a business plan.

**1. Which of the following most closely resembles your current self-employment situation?**

- Thinking about starting a business  
 Am in process of starting a business but have made no sales  
 Have opened a business and made sales within the last 12 months  
 Have been in business with sales for more than 12 months

**2. How long have you been planning to start your own business?**

- Less than 1 year       1-2 years       3-5 years       already started: Year \_\_\_\_\_

**3. How many years of experience have you had in the field in which you plan to start your own business? \_\_\_\_\_**

**4. How many years of experience have you had as a manager in a company you did not own? \_\_\_\_\_**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

5. Why do you want to participate in FastTrac NewVenture?
  
  
  
  
  
  
  
  
  
  
6. What type of business is your proposed venture? For example, service, manufacturing, retail, high-technology or not-for-profit?
  
  
  
  
  
  
  
  
  
  
7. Describe your proposed venture and the nature and the range of the products and/or services you might offer.
  
  
  
  
  
  
  
  
  
  
8. Please explain the results of any research you have done on your business concept?
  
  
  
  
  
  
  
  
  
  
9. Have you proven the feasibility or profit potential of your concept? Please explain.
  
  
  
  
  
  
  
  
  
  
10. What is your current employment status?  
  - Unemployed and thinking about starting a business  
Name of last employer \_\_\_\_\_  
Last date of work \_\_\_\_\_
  - 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
  
11. Do you own a personal computer? \_\_\_\_yes \_\_\_\_no
  
  
12. Do you have internet service? \_\_\_\_yes \_\_\_\_no

**Complete this page only if you are requesting financial assistance.**

## 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.*

PLEASE PRINT

Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
           First                      Middle                      Last

1. What is your current total annual household income? (Nearest \$10,000) \_\_\_\_\_
2. How many people (including yourself) were supported by that amount? \_\_\_\_\_
3. Will your household income this year differ significantly from the previous year? If so, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_
4. What is the value of your checking, savings, investments, money market, retirement accounts, etc.?  
 \_\_\_\_\_
5. How much equity do you have in real estate? \_\_\_\_\_
6. 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
7. 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: \_\_\_\_\_

For Office Use Only:

Approved Fee \_\_\_\_\_