



Saint John Community Loan Fund

Investing in People – Investing in Community

Enterprising Women – Application Form

Please Fax: 506-652-5603 or Email: enterprise@loanfund.ca

Part 1: General Information:

Date: _____

Name: _____

Phone Number (Home): _____ (Work): _____ (Cell): _____

Email: _____

Address: _____ Postal Code _____

The Loan Fund asks for personal information to understand if this program is right for you. If you are accepted into the program, your personal information will be used to:

- Understand more about the women in this program
- Track changes about the women in this program
- Give you information about the Loan Fund
- Keep in contact with you after you have finished the program

The Loan Fund Privacy Policy, the Canadian Privacy Act protect your personal information. If you have any questions about how your personal information will be used, please contact the Enterprise Development Officer.

Personal:

1. Are you limited in the kind or amount of activity you can do as a result of a long-term physical, mental or health problem? This question is asked to better plan for possible outings, supports we may need to have in place for you.

Yes No

Explain: _____

2. Are you: Single (or divorced/separated/widowed)
 Married (or common law, living together for more than one year)

3. Number of people in your household: ____ Number of children: ____ Ages: _____
Single parent family Yes Two Parent Family Yes
Couple, No Children Yes Single, No Children Yes Other Yes

4. What is the highest education or training you have completed to date? (please check all that apply)

- Less than grade 10
- Grade 10-12
- Completed high school
- Some post-secondary
- College/Technical certificate or diploma
- University degree
- Apprenticing (# of years ____)
- Journeyman
- Other (please specify)

5. Do you own a laptop or tablet?

Yes No

Part 2: Income:

6. a) Your current employment status (please check all that apply):

- Employed full-time student full-time school: _____
- Employed part-time student part-time school: _____
- Self-employed Unemployed
- Receiving Income Assistance Receiving Employment Insurance Benefits

7. Do you live in:

- Rented house or apartment
- My own house
- Shared housing with people other than my family
- Transitional housing
- Shelter
- Other _____

Part 3: Business

8. What is your business idea?

9. How did you come up with your business idea?

10. Do you have previous experience with the type of business you want to start?

Yes (explain in detail all prior experience) No

11. Have you owned and operated a business?

Yes No

12. Have your parents owned and operated a business?

Yes No

13. Have you helped a friend or relative with the operation of their business?

Yes No

Part 4: Miscellaneous Information:

14. How did you hear about the Enterprising Women Program? (Check all that apply)

Word of mouth

Loan Fund website/presentation

Poster (where)? _____ Brochure
(where) _____)

Another agency or school (name: _____)

Other: _____

15. Have you participated in any other Loan Fund programs?

Yes No

If yes: Name of program: _____ dates: _____

16. Enterprising Women requires a commitment from you for 2 classes/week and 1 Saturday each month (the program runs for about 3 months). There are a maximum of 12 participants accepted per group. Are you able to commit to this time for yourself and/or your family? Yes No

17. Are you available for an interview with the Loan Fund staff between September 16 and September 18? Yes No

Please read carefully:

- 1. I have given correct information on this form.**
- 2. I understand that I may not be accepted into the Enterprising Women Program even though I have filled out this form.**
- 3. If I am accepted into this program, I will do my best to attend all of the classes.**
- 4. I understand that the staff and teachers at the Loan Fund will give me information only during the Enterprising Women Program. They are not responsible for any business decisions that I make.**
- 5. I understand that I will be contacted to participate in an interview process to determine eligibility for acceptance into the program.**
- 6. The Loan Fund may ask me about any information I have given on this form. I understand that they will use this information to help decide if I may join the Enterprising Women Program.**

Signature: _____ **Date:** _____