

APPLICATION FORM

Name

First Name	Last name

Contact

	Address	
City	State	ZipCode/Post Code
Phone number (home)	Phone number (other)	
Email address		

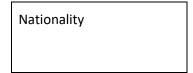
Date of birth

Day	Month	Year

Gender

M/F

Nationality



Languages

Mother tongue	List any additional languages

School Details

Name of School	Country	Program		
Are you studying full time?	🗌 yes 🗌	no		
Work				
Do you work?	🗌 yes 🗌	no		
If yes, describe (where, number of hours a week, etc.)				
Activities				
Do you practice any sports?	yes	🗌 no		
If yes, describe (what sports, competitive or not, hours per week, etc.)				

Are you enrolled in any extracurricular activities?

If yes, please describe (type, commitment, etc.)

Business

What is your business idea?

What is your business plan?

Do you already have sales/clients/customers?

Describe

Why do you consider yourself an entrepreneur?

What would you do with a 5,000\$ funding for your business?

Have you ever obtained funding before for this project?

Is there anything else you want to tell us to convince us to grant funding for your project?