



Confidence, Creativity, Opportunity: Driving Entrepreneurship Forward ►

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Entrepreneur Business Idea

Proposed Business	
Briefly describe your business idea:	
Is the business currently operational? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how long:	
Do you have a written business plan? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of loan you require:
What do you need to purchase with the loan?	
Describe your level of experience with this type of business:	
Have you received any business training? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe the training including dates:	
Why do you want to be an Entrepreneur?	