

NxLevel™ Business Planning Registration Form

Name: _____

Business Name: _____

Address: _____

Telephone: _____

Email: _____

Business Idea: _____

NxLevel™ for Entrepreneurs **(12) three-hour sessions**

Although not guaranteed, please state your preferred time and day of training by checking one of the boxes below:

- Weekday evenings: 6:00pm - 9:00pm
MON. TUES. WED. THUR. FRI.
- Weekends Saturday: 9:00am - 12:00pm

LOCATION: Quaboag Valley CDC **23 West Main Street, Ware**

Tuition*: \$ 799.00
Non-refundable Deposit: \$ 99.00
(Required with Application)

**Financial assistance is available for eligible participants.*

Contact the QVCDC for more details.

(413) 967-3001

Please mail registration form & deposit to:

Quaboag Valley CDC
23 West Main Street, Suite 1, Ware, MA

or FAX form to 413-967-3008

Please charge deposit to: MC VISA

_____ - _____ - _____

Signature: _____



(Fee Waiver) Application for Financial Assistance

Please read carefully before completing application

Financial Assistance is available to Businesses and Individuals residing in the Quaboag Hills Region. Special Scholarships or funding may be available to those living outside the region (contact the QV CDC for details). In order to be considered for financial assistance, a completed application must be returned to the Quaboag Valley CDC a week prior to the start date of the course, all late applications may be considered but are not guaranteed approval. Once approved, applications remain valid up to one calendar year unless there are changes in household or income.

1. Applicant Information

first name: _____ last name: _____
 address: _____ preferred
 city/town: _____ state: _____ zip: _____
 home phone: _____ personal email: _____
 business name: _____
 business address: _____ preferred
 city/town: _____ state: _____ zip: _____
 business phone: _____ business email: _____

2. Financial Assistance is being sought for (please check all that apply) :

- Computer Training Classes (continue to question 6) Business Planning Training (continue to question 3)
 Special Training or Seminar (continue to question 4) Technical Assistance (continue to question 5)

3. Business Planning Training - NxLevel™ (when completed, continue to question 3a.)

training location: _____
 training start date: _____

3a. Business Planning Training - NxLevel™ (when completed, continue to question 6.)

Please answer the following questions thoughtfully and thoroughly on a separate sheet of paper

1. Describe your business idea, including your product or service, your location and your customers.
2. Please explain why you think you can succeed.
3. Identify what experience, talents, training or other personal resources you bring to this endeavor.
4. Please identify what you think will be your biggest obstacles and how you will address them.

4. Special Training or Seminar (when completed, continue to question 7)

course name: _____
 course location: _____
 cost of class _____ cost of materials _____

(the information above this line is for QV CDC office use only)

date of application: _____
 first name: _____ last name: _____
 address: _____ city/town: _____

Self-Dec Date: ___/___/___ End Date: ___/___/___ (+3 yrs)
 Nx CC WD TA Loan Loan (Micro) Other _____
 CDC Member On ___/___/___ entered into DB by _____.

5. Technical Assistance (continue to question 6)

business name: _____
 business location: _____
 number of years in business: _____
 type of technical assistance needed: _____
 best method of contact: _____ best time for contact: _____

6. Financial Information

live in region work in region total number of persons in household _____
 Annual household income \$: _____ Social Security Number: _____

Household Size	1	2	3	4	5	6	7	8
Brookfield, East Brookfield, North Brookfield, West Brookfield, Spencer WORCESTER AREA	26,900 43,050,	30,750 49,200	34,600 55,350,	38,450 61,500	41,550 71,350	44,600 71,350	47,700 76,250,	50,750, 81,200
Belchertown, Brimfield, Holland, Monson, Palmer, Wales, Ware, SPRINGFIELD AREA	25,900 41,450	29,600 47,350	33,300 53,300	37,000 59,200	39,950 63,950,	42,900 68,650	45,900 73,400	48,850 78,150
Hardwick, New Braintree, Warren Worcester non msa								

RELEASE: To the best of my knowledge, my current household income is (choose one): 3/2008

___ Less than the lower number ___ Less than the higher (bold) number ___ higher than both numbers

I am (please check all that apply):

- | | | | |
|--------------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> White | <input type="checkbox"/> African American | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan |
| <input type="checkbox"/> Over age 60 | <input type="checkbox"/> Female Head of Household | <input type="checkbox"/> Handicapped | <input type="checkbox"/> Hawaiian/Pacific Islander |

Goals of Training (please check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> learn computer skills | <input type="checkbox"/> increase income | <input type="checkbox"/> write a business plan | <input type="checkbox"/> obtain a loan |
| <input type="checkbox"/> improve computer skills | <input type="checkbox"/> improve credit | <input type="checkbox"/> start a business | <input type="checkbox"/> obtain a line of credit |
| <input type="checkbox"/> get a job | <input type="checkbox"/> personal budgeting | <input type="checkbox"/> expand a business | <input type="checkbox"/> business budgeting |
| <input type="checkbox"/> get a better job | <input type="checkbox"/> get out of debt | <input type="checkbox"/> cash flow management | <input type="checkbox"/> business structure |
| <input type="checkbox"/> do existing job better | <input type="checkbox"/> create a resume | <input type="checkbox"/> learn about business taxes | <input type="checkbox"/> business/legal knowledge |
| <input type="checkbox"/> other: _____ | <input type="checkbox"/> business marketing | <input type="checkbox"/> personnel management | |

All of the information provided is complete and correct to the best of my knowledge. If I receive any financial assistance, I give permission to the Quaboag Valley Community Development Corporation to verify this information if necessary. I understand that if not correct, any and all financial assistance available to me will be denied.

Signature

Date (MONTH/DAY/YEAR)