



QV CDC Training Registration Application

Please read carefully before completing application

Please complete this form and return it with any registration fees before the deadline for the course. If you have question about fees, deadlines or need assistance, please contact the Quaboag Valley CDC at (413) 967-3001 or mail@qvcdc.com.

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

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

1. Registrant Information

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

2. Registration for (please check all that apply) :

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

3. Business Planning for the Small Business (for financial assistance, continue to question 6)

training location: _____
training start date: _____

3a. Business Planning scholarship questions (for additional financial assistance, 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. Computer or Small Business Training (for financial assistance, continue to question 6)

course name: _____
course location: _____ course date(s): _____
cost of class _____ cost of materials _____
payment type: cash check credit card other: _____

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: _____

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



(Fee Waiver) Application for Financial Assistance

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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 with registration for the course, all late applications may be considered but are not guaranteed approval. Once approved, applications remain valid up to **three calendar years** unless there are changes in household or income.

6. Financial Information

live in *Quaboag Hills Region* work in *Quaboag Hills 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	28,000 44,750	32,000 51,150	36,000 57,550	39,950 63,900	43,150 69,050	46,350 74,150	49,550 79,250	52,750 84,350
Belchertown, Brimfield, Holland, Monson, Palmer, Wales, Ware, SPRINGFIELD AREA	27,400 43,800	31,300 50,050	35,200 56,300	39,100 62,550	42,250 67,600	45,400 72,600	48,500 77,600	51,650 82,600
Hardwick, New Braintree, Warren Worcester non msa	27,400 43,800	31,300 50,050	35,200 56,300	39,100 62,550	42,250 67,600	45,400 72,600	48,500 77,600	51,650 82,600

5/2010

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

___ 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)