

This Application is an initial assessment designed to help us understand you, your business, and why you are interested in the program. This information will be kept confidential. If selected for an interview, please note that you will be asked to complete an Interview Addendum and submit supporting documentation.

Last Name:	<input type="text"/>	Prior Family Name (if applicable):	<input type="text"/>	Gender <i>(please mark one):</i>	Male	<input type="checkbox"/>	
First Name:	<input type="text"/>	Preferred Name:	<input type="text"/>		Female	<input type="checkbox"/>	
Company Name:	<input type="text"/>			Applicant Title:	<input type="text"/>		
Company Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Address	City	State	Zip			
Work Phone:	<input type="text"/>			Cell Phone:	<input type="text"/>		
Email:	<input type="text"/>						
Last 4 digits of Social Security Number	<input type="text"/>			Date of Birth	<input type="text"/>		
What percentage of the business do you own?	<input type="text"/> %			Year business was founded:	<input type="text"/>		
				Year you acquired ownership in the business:	<input type="text"/>		
Employee Count:	full time	<input type="text"/>		Annual Gross Revenues:	2012	<input type="text"/>	
<i>Please enter a number into each of the boxes to the right:</i>	part-time	<input type="text"/>		2013	<input type="text"/>		
	temporary/contractors	<input type="text"/>		2014 (to date)	<input type="text"/>		
					2014 (projected)	<input type="text"/>	
							<input type="text"/>

1. a) How did you hear about the 10,000 Small Businesses program? (Please check off all that apply.)

- Program Alumni:**
- Community College:**
- Community Development Organization:**
- Business Support & Networking Services:**
 - Business Association
 - Certification Organization
 - Chamber of Commerce
 - Small Business Development Center

- Financial Institution:**
 - Bank CDFI Credit Union
- Government:**
 - City Federal State
- Media:**
 - Newspaper/Magazine Online Radio
 - Social Media TV
- Other:** _____

b) Please list the **specific source(s)**: _____

2. Please briefly describe the products or services your business offers:

3. Briefly discuss why you are interested in *10,000 Small Businesses* and what you expect to get out of it. How will it enable you to grow your business?

I confirm that the above information is accurate.

I hereby authorize Delgado Community College and the other entities conducting the Goldman Sachs *10,000 Small Businesses* initiative (“the 10KSB Organizations”) to verify information presented here and to procure a consumer report or an investigative consumer report¹ for that purpose. (Upon your request, the 10KSB Organizations will tell you whether they requested an investigative consumer report. If they did request an investigative consumer report, they will also: (1) give you the name and address of the consumer reporting agency that provided the report, and (2) inform you that you may inspect and receive a copy of any investigative consumer report by contacting the agency.)

I understand that information produced from this verification and report may contain information about my background, character, credit history, personal reputation and past and current compliance with laws and regulations in the US. I also voluntarily authorize the 10KSB Organizations to perform checks of my previous employment/business ownership history. I hereby release all persons or entities, including the 10KSB Organizations, from liability arising from requesting or supplying such information.

Print Full Name _____ Date _____

Signature _____

There are several ways to submit your completed Application to Delgado Community College:

By Email: 10KSB@dcc.edu

By fax: 504-671-6427

For faxes, please include a cover page addressed to:

10,000 Small Businesses

Delgado Community College

By mail or by hand:

10,000 Small Businesses

Delgado Community College

615 City Park Avenue (Building 2, Room 222)

New Orleans, LA 70119

