

Business Education Scholarship Application

Sponsored by GO Topeka/E&MBD

Name _____ **Date of Birth** _____
Address _____ **Phone** _____
City _____ **State** _____ **Zip** _____ **Cell Phone** _____
E-Mail Address _____

Household Size _____ **Total Household Income** _____
(Household occupants both related and non-related) (Hr, Wk, Mo, Yr)

Applying for: _____ **FastTrac® NewVenture™**

*You must be a resident of Shawnee County to qualify for the above scholarship.
 The cost for the class is \$75.00. Payment is due with application.
 Please make check payable to: GO Topeka.
 Mail completed application and payment to:
 GO Topeka, Attn: EMBD,
 719 S. Kansas Ave., Suite 100, Topeka, KS 66603*

<p>Race/National Origin: <i>(This category must be completed)</i></p> <p>___ American Indian/Alaskan Native ___ Asian ___ Black/African American ___ Native Hawaiian/Other Pacific Islander ___ White</p> <p>Veteran Status: ___ Veteran ___ Disabled Veteran ___ Non-Veteran</p>	<p>Ethnicity: ___ Hispanic/Latino</p> <p>Gender: ___ Female ___ Male</p> <p>Female Headed Household: ___ Yes ___ No</p> <p>Age (over 62): ___ Yes ___ No</p> <p>Disability: ___ Yes ___ No</p>
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(This information is for government monitoring purposes. If not completed by applicant, this information must be completed by staff.)

Signature

Date

GO Topeka/E&MBD
 785.231.6000



No refunds after the 1st class that you are registered for.

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Name _____ Date _____

How did you learn about this program? _____

What has motivated you to take this class?

What type of business are you thinking of starting?

Have you previously been in business or are you currently in business?

If so for how long? _____

What is your time frame for starting your business?

What information are you hoping to gain from our classes?
