

HUGH "BUZZY" BIG CANOE YOUTH ENTREPRENEURSHIP PROGRAM

APPLICATION FORM

| SECTION 1 – APPLICANT INFORMATION | |
|---|--|
| Name: Date of Birth: | |
| Address: | |
| City: Postal Code: | |
| Telephone #: Fax #: | |
| Email Address: | |
| Website: | |
| | |
| BUSINESS INFORMATION: | |
| Date Business was established: | |
| Business Name: | |
| Is your business Registered? Yes ONo Incorporated? Yes No | |
| Is your business a: Sole Proprietor Partnership | |
| If your business is a partnership, provide details on your partner's expertise. | |
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| Which industry sector is your business in? | |
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| Briefly describe the type of products or services your business offers: | |
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| Describe how you would use the funds and provide a breakdown of costs: | | | | |
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| EINIANICIAI DATA AND STA | TEMENTS * (Please complete) | | | |
| FINANCIAL DATA AND STA | TEIVIENTS (Flease complete) | | | |
| Dovenue | ¢ | | | |
| Revenue: | \(\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac}{\fint}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\f | | | |
| Profit/Loss: | \$ | | | |
| # of Full time employees | | | | |
| # of Part time employees | | | | |
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| Do you have a current bala | nce sheet and/or internal statements for your business? O Yes O No | | | |
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| SECTIO | ON 2 – YOUR BUSINESS'S STRATEGIC POSITION | | | |
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| Explain what makes you th | e best candidate for the Hugh "Buzzy" Big Canoe Youth Entrepreneurship | | | |
| Program (main accomplish | ments, special challenges, etc.) | | | |
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| Evolain what makes your st | trategy/product/business unique and sets you apart from the competition if | | | |
| Explain what makes your strategy/product/business unique and sets you apart from the competition, if applicable: (any or all three of these aspects) | | | | |
| applicable. (ally or all tilles | e of these aspects) | | | |
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| | SECTION 3 – VISION | | | |
| | SECTION 5 - VISION | | | |
| What are your plans for yo | ur business's future? | | | |
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| Describe your plans and the strategies you will use to achieve your goals. |
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| SECTION 4 – COMMUNITY INVOLVEMENT |
| Describe how you are involved in your community: |
| Describe now you are involved in your community. |
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| CECTION E DOLEMONE |
| SECTION 5 – ROLE MODEL |
| Describe what makes you a great role model for Aboriginal Youth (list accomplishments, qualities, etc): |
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| SECTION 6 – ADDITIONAL INFORMATION |
| Please send any additional documents you consider useful to complete the nomination form. |
| Please check off the documents you are attaching: |
| rease theorem the assuments you are attaching. |
| Business Profile |
| Financial Statements |
| Other |
| |
| Business Plan |
| Business Brochure |
| Budget |
| |
| Please provide copies of any professional development, degrees, diplomas or certificates obtained. |

| | SECTION 7 – REFERENCES | |
|---|------------------------|--|
| BUSINESS REFERENCE: Name of Company: | | |
| Name of Contact: | | |
| Address: | | |
| Telephone: | | |
| Email: | | |
| COMMUNITY MEMBEI | R REFERENCE: | |
| Name: | | |
| Occupation: | | |
| Address: | | |
| Telephone: | | |
| Email: | | |

Please submit completed applications, along with a Letter of Support, to:

Marc Manatch, Employment & Training Coordinator
Ogemawahj Tribal Council
5984 Rama Rd., Rama, ON L3V6H6
Email: mmanatch@ogemawahj.on.ca

Fax: 705-329-2509