

**Women's Center for Education and Career Advancement**

**New Directions  
Starting your own Business  
Application**

**PLEASE COMPLETE THIS FORM IN IT'S ENTIRETY AND RETURN IT TO THE WOMEN'S CENTER, 11 BROADWAY, SUITE 457, NEW YORK, 10004, ATTENTION: KATHLEEN VAUGHAN**  
**ADDITIONAL PAGES MAY BE INCLUDED IF NEEDED**

**SECTION 1: APPLICANT INFORMATION**

**Application Date:** \_\_\_\_\_ **Program Date/Cycle:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Soc. Sec.#** (last four digits) \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:(Day)** \_\_\_\_\_ **(Evening)** \_\_\_\_\_  
**Cell #:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**SECTION 11: EXISTING AND FUTURE START UP BUSINESS INFORMATION:**

**Complete for businesses already started and all that applies to a future start up business)**

1. **Business Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_ **City** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Business Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Business Fax:** \_\_\_\_\_ **Business Web Address:** \_\_\_\_\_  
**Business Start Date:** \_\_\_\_\_ **Business Registration Date:** \_\_\_\_\_  
**Business Operation:**  **Full-Time Hours** \_\_\_\_\_  **Part-Time Hours** \_\_\_\_\_  
 **Other:** (Describe) \_\_\_\_\_  
**Type of Ownership:**  **Sole proprietor**  **Partnership**  **Other** \_\_\_\_\_  
 **Product Based**  **Service Based**  
**Number Of Employees: Full-time** \_\_\_\_\_ **Part-time:** \_\_\_\_\_ **Temp:** \_\_\_\_\_  
**Is Your Business Home Based?**  **Yes**  **No** **If No Please Describe Business Environment** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Business Description:** (What is your product or service, how would the customer use it?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **What skills, education and or experience do you have that relate to this business?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What are your strengths? \_\_\_\_\_

\_\_\_\_\_

5. What are your weaknesses? \_\_\_\_\_

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\_\_\_\_\_

6. Who is your competition and how do you plan to compete? (Why would one want to buy your product/service as opposed to buying from your competitors? In what way is your product/service better? ).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Describe the background of your ideal customer: (Based on the product/service you offer)

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\_\_\_\_\_

\_\_\_\_\_

**SECTION 111: EXISTING OPERATING BUSINESS INFORMATION:**

Complete for existing businesses only

1. How did you finance your business? (i.e. Bank loan, small business loan association, savings, credit cards, family, friends, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What is your annual business income?

\$ 1,000 – \$5,000

\$ 6,000 – \$10,000

\$ 11,000 – \$20,000

\$ 21,000 – \$50,000

Other \$ \_\_\_\_\_

3. Does the annual business income sustain the business?  Yes  No- If no how do you support the business? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Describe your business goal(s)/objective(s) for next 12 months: (What you would like to accomplish and how you will accomplish it?)

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5. Describe the growth of your business since its inception.

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**SECTION IV: FUTURE START UP BUSINESS INFORMATION:**

**Complete for businesses not yet started**

1. If you have not already started your business, when do you plan to start?

In the next:  6 months  12 months  other (Explain) \_\_\_\_\_

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2. Describe the research you performed regarding the start up of this business.

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3. How do you plan to finance your business?

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4. Once you start your business how many hours will you to devote to the business?  
per week \_\_\_\_\_ per day \_\_\_\_\_

5. Describe the demographics of your potential customers (i.e. Age, gender, income, family size, location, ethnicity)

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6. Explain in detail what obstacles you encountered or think you might encounter that will prevent you from starting this business? (i.e. Finance, location, additional skills/business training, personal responsibilities, etc.)

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