



APPLICATION FOR LAUNCH TRAINING AT MCUTS:

The information you provide in this application helps us understand how we can best help you. We will also be able to use this information to better understand how our programs prepare participants to start or grow businesses. **All information you share will be kept confidential.**

Contact Info:

Date: _____

Full Name: _____

Address:

Email Address:

Mobile Phone:

Demographic Info:

Gender: _____

Age: (Check one)

18-25

26-35

36-45

46-55

56+

Race/Ethnicity (Check One)

African American

White/Caucasian

Hispanic or Latino

Asian

Pacific Islander

American Indian or Alaskan Native

Other (Write in: _____)

Highest level of education you have completed (Check One)

Less than High School/GED

High School Graduate/GED

Some College/Continuing Education

Associate Degree or Certification (AA, etc)

Bachelor's Degree (BA, BS, etc)

MA/Graduate Degree or above

Other (Write in: _____)

Emergency Contact:

Name: _____

Relationship: _____

Email: _____

Phone Number: _____

Please indicate how you found out about the LAUNCH training at MCUTS:

___ MCUTS Alumni

___ Currently Attending MCUTS

___ Referred by an MCUTS student

___ Other (Please write in: _____)

Please indicate your level of agreement with each of the statements below:

	Strongly Disagree	Disagree	Agree	Strongly Agree
I am satisfied with my situation in life				
Improving my situation in life is important to me				
I believe I can change my situation				
Support and opportunities exist in my community to help me				
I understand how to start and operate a business				
I feel able to start or grow a business				
I have confidence in my ability to successfully operate a business				
I understand business finance				
I understand how to seek capital to support the launch or growth of a business				
I feel able to network professionally				
I am pleased with the size and scope of my professional network				
I feel engaged as a member of Memphis's professional community				
I feel confident in the way I approach work each day				

8. What do you most hope to gain from your time at LAUNCH?

9. Please indicate which of the following best describes your situation:

___ I want to start a business, but am not sure when I will be able to begin

___ I want to start a business, and intend to launch within the next 9 months

___ I have started a business, but am just starting out

___ I am currently running an established business that I wish to improve

___ Other (Please explain: _____)

10. Describe your business or business idea:

CERTIFICATIONS

This training is being offered at MCUTS through a collaborative partnership between MCUTS, EPIcenter, and LAUNCH Chattanooga. To complete your Application please read and INITIAL the statements below to show your agreement:

_____ I certify that the information I provide to MCUTS/EPIcenter/LAUNCH is true and correct to the best of my knowledge and understand it may be verified by staff to determine eligibility for program services.

_____ I agree to MCUTS/EPIcenter/LAUNCH's request for the release of information regarding the general nature of my business venture and the services provided to me by their representatives. I acknowledge that the use of all or any part of the information pertaining to the above will be at the discretion of MCUTS/EPIcenter/LAUNCH for use in reporting to donors, evaluating and monitoring for program improvement, and public relations and is in no way intended to harm those parties involved. I understand I will receive no compensation in exchange for this release and that the recipient of the release will have the right to publish for the purpose of publicizing MCUTS/EPIcenter/LAUNCH. In addition, I give MCUTS/EPIcenter/LAUNCH permission to use:

_____ My name and description of my business, activity, and outcomes related to this class on a case-by-case basis.

_____ Photographs and video footage of me pertaining to MCUTS/EPIcenter/LAUNCH activities.

_____ I agree to hold MCUTS/EPIcenter/LAUNCH and any third parties harmless against any liability, loss, or damages caused or arising from the use of any and all information regarding my business and any utterance made by me or material furnished by me in connection with my participation therein.

_____ I understand that program staff or representatives may contact me at least twice a year to update my information for up to six years. I will provide true and complete answers to the best of my abilities.

_____ I understand that MCUTS/EPIcenter/LAUNCH has a right to cease providing services to me if I do not abide by these terms.

Signature: _____ Today's Date: _____