Fort Lewis College Small Business Development Center

Leading Edge Entrepreneurial Training Scholarship Application

Please print or type

FULL NAME: _____
Last First MI

ADDRESS: _____
No. & Street City State Zip

E-MAIL: _____ PHONE: _____

GENDER: __ Male __ Female

BUSINESS DESCRIPTION: _____

_____

What is or will be your business project?

_____

_____

_____

_____

Are you looking to expand your business? __ Yes __ No

Please attach a written narrative describing your business background, why you need this scholarship, and how it will help you achieve your business goals.

APPLICANT'S CERTIFICATION

I hereby certify that the information furnished in this application is true and complete to the best of my knowledge.

Applicant's signature: _____ Date: _____

Please submit application and narrative to:

Fort Lewis College Small Business Development Center
1000 Rim Drive, EBB 140
Durango, Colorado 81301
Phone: (970) 247-7009; Fax: (970) 247-7205: Email: sbdc@fortlewis.edu