

GENERAL INFORMATION	
Are you currently enrolled in any self-employment or entrepreneurship training/financing programs offered by government funded organizations? (Examples: OSEB, OntarioWorks Self-Employment Program, Summer Company) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what program?	
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> FT <input type="checkbox"/> PT
Are you planning to return to school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> FT <input type="checkbox"/> PT	
What is your highest level of education? <input type="checkbox"/> High School <input type="checkbox"/> Some College/University <input type="checkbox"/> Degree/Diploma/Certificate Attained	
Are you prepared to commit a minimum of 25 hours per week to your business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a resident of Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will your business operate in Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your business arm's length from family? Not related to nor an extension of an existing family business. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you consulted with the Huron County Economic Development Department regarding regulations, registrations, and rules that apply to your business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you planning to purchase insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you actively participate in training, and sessions with your business coach/mentor to help you achieve success? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ACKNOWLEDGEMENT OF APPLICATION FOR ENROLLMENT:

By signing below, I confirm that the information contained in this document, and any accompanying documents is true and valid.

I have read the Starter Company Plus Eligibility Criteria and Program Guidelines. I understand and verify that I meet the criteria and that I am able to meet all participant requirements of the program.

Name: _____ Date: _____

Signature: _____