

Rural Digital Entrepreneurship Workshop Application

Full Name	
Tribal Affiliation	
Phone	
E-mail (Required)	
Mailing Address City, ST, Zip	

1. High school graduate or GED equivalent? ☐Yes ☐No

2. Do you currently reside in the community? ☐Yes ☐No

3. Do you currently own your own business? ☐Yes ☐No

Business Name: _____ Years: _____

4. Do you meet the minimum requirements and qualifications? ☐Yes ☐No

5. Can you commit to attending all the session on all 5 days? ☐Yes ☐No

6. **List** any entrepreneurship ideas that you have for a business. (20 pts.)

7. **Describe** your experience that would make you a good candidate. (20 pts.)

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8. **Describe** your involvement with community events or activities and what role you inherit. (30 pts.)

9. **Provide** a vivid written description of your community; and how your business will make a positive impact. (30 Points)