

# HUGH "BUZZY" BIG CANOE YOUTH ENTREPRENEURSHIP PROGRAM

## **APPLICATION FORM**

#### **SECTION 1 – APPLICANT INFORMATION**

Name:				Date of Birth	n:			
Address:								
City:		Prov:		Postal Code	e:			
Telephone #:			Email:					
Website:								
BUSINESS INFORMATION:								
Business Name:			Date Business established:					
Is your business F	Registered? Yes	No	Incorporated? Yes No					
Is your business a: Sole Proprietor Partnership								
If your business is a partnership, provide details on your partner's expertise.								
Which industry se	ector is your business in?							
Briefly describe the type of products or services your business offers.								
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Describe however, would use the funde and provide a breathful and a second and a se								
Describe how you would use the funds and provide a breakdown of costs.								

SECTION 2 -	YOUR	<b>BUSINESS'S</b>	<b>STRATEGIC</b>	POSITION

SECTION 2 - YOUR DUSINESS STRATEGIC POSITION				
Explain what makes you the best candidate for the Hugh "Buzzy" Big Canoe Youth Entrepreneurship Program (main accomplishments, special challenges, etc.)				
Fundain what makes your streton days the response of acts your another set the same stition if				
Explain what makes your strategy/product/business unique and sets you apart from the competition, if applicable: (any or all three of these aspects)				
SECTION 3 – VISION				
What are your plans for your business's future?				
Describe your plans and the strategies you will use to achieve your goals.				
SECTION 4 – COMMUNITY INVOLVEMENT				
Describe how you are involved in your community:				

#### **SECTION 5 – ROLE MODEL**

Describe what makes you a great role model for Aboriginal Youth (list accomplishments, qualities, etc.):

### **SECTION 6 – ADDITIONAL INFORMATION** Please send any additional documents you consider useful to complete the nomination form. Please check off the documents you are attaching: **Business Profile Business Plan Business Brochure** Financial/Bank Statement Other Specify: Please provide copies of any professional development, degrees, diplomas or certificates obtained. **SECTION 7 – REFERENCES BUSINESS REFERENCE:** Name of Company: Name of Contact: Address: Telephone: Email: **COMMUNITY MEMBER REFERENCE:** Name: Occupation: Address:

Telephone:

Signature

Please submit completed applications with a Letter of Support to:

I give my permission to contact the above noted references for the purpose of this application.

Email:

Date

Andrea Edgar, Employment & Training Coordinator Ogemawahj Tribal Council 5984 Rama Rd., Rama, ON L3V6H6 Email: aedgar@ogemawahj.on.ca