



Business Plan Basics Class Registration

Unlimited Future Inc. 1650 8th Ave Huntington WV 25703 304-697-3007

Name		Phone #(s)	
Email Address			
Address			
Gender	M___/F___	SSN#	County
Ethnicity	American Indian or Alaska Native___ Hispanic/Latin American___ White___ Asian___ Black___ Native Hawaiian/Pacific Islander___ Other___		
Business Idea/ Name			
Are you in business?	Yes___ No___	Number of employees you currently have.	___FT ___PT
Minority owned?	Yes___ No___ if yes, what %___	Woman owned?	Yes___ No___ if yes, what %___
How did you hear about the class?			
Plan to apply for a loan?	Yes___ No___	Training goal (mark any that apply)	Business Start___
Geographic Location (Which one best describes where you live?)	Urban___ Suburban___ Rural___		Business Enhancement___
			Professional Improvement___
			Self-improvement___
			Other___
Veteran Status	Veteran___ Vietnam Era Vet. ___ Disabled Vet. ___	Disabled Vietnam Vet. ___ Service Connected Disabled Vet. ___	Disabled Yes___ No___
Source of income	SSI___ Employed/Self-employed___ Unemployment___	Family assistance___ Pension/retirement___ No income___ Other___	Housing type Rental___ Own house___ Public housing___ Homeless___
Household size		Single parent?	Yes___ No___
Head of Household?	Yes___ No___	Household income	\$___ Per Year or Per Month (circle one)

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APPLICATION FOR TUITION REDUCTION

Through grants and donations we are able to offer reduced tuition to students who show a financial need. Please complete this form and provide **one** of the following items as proof of income.

Wages and Salary

Paycheck stubs
(4 consecutive weeks)
Letter from employer on
company
letterhead, signed and dated
Income tax return/W-2**
Business records

Self-Employment

Signed and dated income tax return
and all Schedules**
Records of earnings and expenses

Unemployment Benefits

Award letter/certificate
Benefit check

Private Pensions/Annuities

Statement from pension/annuity

Social Security

Award letter/certificate
Benefit check
Correspondence from
Social Security Administration

Child Support/Alimony

Letter from person providing support
Letter from court
Child support/alimony check stub

Worker's Compensation

Award letter
Check stub

Veteran's Benefits

Award letter
Benefit check stub
Correspondence from
Veterans Administration

Military Pay

Award letter
Check stub

Interest/Dividends/Royalties

Statement from bank, credit union
or financial institution
Letter from broker
Letter from agent

Income from Rent or Room/Board

Letter from roomer, boarder, tenant
Check stub

Support from Other Family Members

Signed statement or letter from family member

Name

Address

Phone

Email

Business name or idea

Number of people in your household _____ Income _____ per month

To the best of my knowledge and belief the particulars I have given in this form are correct and complete.

Signature

Date

INFORMED CONSENT FORM

We are asking everyone in the SBA3 program to take part in an evaluation study to help us learn how effective SBA3 was in helping you. We would like to ask you some questions when you begin to receive training from SBA3 and to interview you again in 6, 12 and 18 months after you start the program.

The information you give us will be very important in learning how to improve training for entrepreneurs and starting new businesses. We will be asking you about your employment status, whether you started a business, your income and whether the SBA3 program met your expectations. The information you give us will be confidential and your name will not be on the interview forms or used in any way in connection with this study. We have many safeguards in place to ensure that no unauthorized person can see these records.

We will be asking you for information about how we can locate you in six months if you are no longer in the program. In locating you for your private follow up interviews, we will refer to this only as a business or economic study. The study team and interviewers have been trained to prevent disclosure of any personal information and have signed a pledge of confidentiality. We believe that there is no risk to you from participating in the study.

Whether or not you decide to participate in the interviews will in no way affect your entering the SBA3 program or the services you receive.

If you have questions, you may contact Rachel Houston at 304-697-307

SBA3 is authorized to conduct an evaluation study and to contact me for follow-up interviews for a period of 18 months after I begin the SBA3 program. I have read the attached form or had it read to me. I understand that my participation is voluntary and will not affect the services I receive.

SBA3 Participant Signature

Date

Witness

Date

Sliding Scale as of 03/28/2006

	Level 1		Level 2		Level 3		Level 4	
	Tuition	Books	Tuition	Books	Tuition	Books	Tuition	Books
# in household	\$150.00	\$50.00	\$250.00	\$50.00	\$350.00	\$50.00	\$450.00	\$50.00
	\$200.00		\$300.00		\$400.00		\$500.00	
	or less	from	to	from	to	from	to	to
1	\$24,900.00	\$24,901.00	\$34,900.00	\$34,901.00	\$44,900.00	\$44,901.00	\$44,901.00	\$54,900.00
2	\$33,400.00	\$33,401.00	\$43,400.00	\$43,401.00	\$53,400.00	\$53,401.00	\$53,401.00	\$63,400.00
3	\$41,800.00	\$41,801.00	\$51,800.00	\$51,801.00	\$61,800.00	\$61,801.00	\$61,801.00	\$71,800.00
4	\$50,300.00	\$50,301.00	\$60,300.00	\$60,301.00	\$70,300.00	\$70,301.00	\$70,301.00	\$80,300.00
5	\$58,800.00	\$58,801.00	\$68,800.00	\$68,801.00	\$78,800.00	\$78,801.00	\$78,801.00	\$88,800.00
6	\$67,300.00	\$67,301.00	\$77,300.00	\$77,301.00	\$87,300.00	\$87,301.00	\$87,301.00	\$97,300.00
7	\$75,700.00	\$75,701.00	\$85,700.00	\$85,701.00	\$95,700.00	\$95,701.00	\$95,701.00	\$105,700.00
8	\$86,600.00	\$86,601.00	\$96,600.00	\$96,601.00	\$106,600.00	\$106,601.00	\$106,601.00	\$116,600.00
Monthly income	or less	from	to	from	to	from	to	to
1	\$2,075.00	\$2,075.08	\$2,908.33	\$2,908.42	\$3,741.67	\$3,741.75	\$3,741.75	\$4,575.00
2	\$2,783.33	\$2,783.42	\$3,616.67	\$3,616.75	\$4,450.00	\$4,450.08	\$4,450.08	\$5,283.33
3	\$3,483.33	\$3,483.42	\$4,316.67	\$4,316.75	\$5,150.00	\$5,150.08	\$5,150.08	\$5,983.33
4	\$4,191.67	\$4,191.75	\$5,025.00	\$5,025.08	\$5,858.33	\$5,858.42	\$5,858.42	\$6,691.67
5	\$4,900.00	\$4,900.08	\$5,733.33	\$5,733.42	\$6,566.67	\$6,566.75	\$6,566.75	\$7,400.00
6	\$5,608.33	\$5,608.42	\$6,441.67	\$6,441.75	\$7,275.00	\$7,275.08	\$7,275.08	\$8,108.33
7	\$6,308.33	\$6,308.42	\$7,141.67	\$7,141.75	\$7,975.00	\$7,975.08	\$7,975.08	\$8,808.33
8	\$7,216.67	\$7,216.75	\$8,050.00	\$8,050.08	\$8,883.33	\$8,883.42	\$8,883.42	\$9,716.67