



APPLICATION FOR THE 2023 PROGRAM

Complete this application and email it to entrepreneurship@viscardicenter.org

THE APPLICATION DEADLINE IS: FRIDAY, MAY 19, 2023 at 5pm ET.

Your submission will be reviewed by our Selection Committee.
Be sure to provide complete and thorough responses to all the application questions.

ELIGIBILITY

Before applying, be sure to review the program specifics found on the program flyer.

Participants must meet the following eligibility criteria:

1. Be 18 years of age or older
2. Self-identify as having a disability
3. Have a business idea, or are actively launching a business
4. Commit to attend all class sessions and complete assignments
5. Sign the participant agreement that includes a commitment to completing assessments related to the program and signing a media release form.

Participants are expected to have a computer that can access web-based application as classes will be offered on Zoom® and materials will be posted on Litmos®, a web-based learning management system. The Viscardi Center will ensure materials are digitally accessible and support participants' assistive technology needs to the extent possible.

I attest to meeting the eligibility criteria listed above.

****Indicates mandatory field***

CONTACT DETAILS

*First Name: Click or tap here to enter text.

*Last Name: Click or tap here to enter text.

*Street Address: Click or tap here to enter text.

*City, State: Click or tap here to enter text.

*Zip code: Click or tap here to enter text.

*Do you use a different mailing address: Y OptionButton1 N OptionButton1

If yes, please provide your mailing address: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City, State: Click or tap here to enter text.

Zip code: Click or tap here to enter text.

*Preferred Phone #1: Click or tap here to enter text.

Preferred Phone #2: Click or tap here to enter text.

*Preferred Email Address: Click or tap here to enter text.

*Please disclose your disability: Click or tap here to enter text.

*How did you learn about this opportunity? Please check all that apply.

- Disability Service Provider/Program
- Online Search
- Media Article
- Social Media
- Program Flyer
- Friends or Family
- Email or E-News
- Previous Viscardi entrepreneurship program participant
- Through The Viscardi Center, please check all that apply:
 - ❖ E-Blast
 - ❖ Social Media
 - ❖ Signage
 - ❖ Viscardi Alumni Group
 - ❖ Word-of-Mouth
 - ❖ Other, please note: Click or tap here to enter text.

PERSONAL INFORMATION

*Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
*Date of Birth	Month Click or tap here to enter text. Date Click or tap here to enter text. Year Click or tap here to enter text.
*What is your race/ethnicity? (Check all that apply)	American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/>

	Other, Specify <input type="checkbox"/> Click or tap here to enter text.
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EDUCATION/EMPLOYMENT

*Highest Level of Education	Elementary/Junior High School <input type="checkbox"/> High School <input type="checkbox"/> Vocational School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate School <input type="checkbox"/>
*Name of School	Click or tap here to enter text.
*Location of School (City, State)	Click or tap here to enter text.
*Diplomas, Degrees, Certificates, Dates Received	Click or tap here to enter text.
*Are you currently employed?	Yes <input type="radio"/> OptionButton2 No <input type="radio"/> OptionButton3
If "Yes"	
Are you employed full-time or part-time?	Yes <input type="radio"/> OptionButton4 No <input type="radio"/> OptionButton5
What is your current position?	Click or tap here to enter text.
If "No"	
Please share your most recent employment position, if any.	Click or tap here to enter text.

***PROGRAM INTEREST**

*Why do you want to participate in this program? (250-word limit)	Click or tap here to enter text.
*Have you actively launched a business?	Yes <input type="radio"/> OptionButton6 No <input type="radio"/> OptionButton7
If "Yes"	
Please describe the product/service and how far along you are in terms of building your business. (250-word limit)	Click or tap here to enter text.
If "No"	
Please describe a product/service that you would like to develop as part of this program. (250-word limit)	Click or tap here to enter text.
*Please tell us three things that you hope to learn by participating in this program.	Click or tap here to enter text.