



### ***APPLICATION FOR THE 2024 PROGRAM***

Complete this application and email it to [entrepreneurship@viscardicenter.org](mailto:entrepreneurship@viscardicenter.org)

**THE APPLICATION DEADLINE IS: FRIDAY, APRIL 5, 2024 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 an outlined business idea for either a product or service
4. Commit to attend all class sessions (26 hours) and participate in additional mentorship sessions (12-24 hours) as well as complete all assignments. Orientation will be held on May 7 from 11 am to 1 pm ET and class sessions will begin May 14 and continue through June 27 from 11 am to 1 pm ET.
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:

\*Last Name:

\*Street Address:

\*City, State:

\*Zip code:

\*Do you use a different mailing address: \_\_\_ Yes \_\_\_ No

If yes, please provide your mailing address:

Street Address:

City, State:

Zip code:

\*Preferred Phone #1:

Preferred Phone #2:

\*Preferred Email Address:

\*Please disclose your disability:

\*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
  - Able News
  - Signage
  - Viscardi Alumni Group
  - Word-of-Mouth
  - Other, please note

**PERSONAL INFORMATION**

*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
*Date of Birthdate	Year: Month: Day:
*What is your race/ethnicity? (Check all that apply)	<input type="checkbox"/> 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:

**EDUCATION/EMPLOYMENT**

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

**\*PROGRAM INTEREST**

*Why do you want to participate in this program? (250-word limit)	
---	--

*Have you actively launched a business?	
If "Yes"	
<p>Please describe the product/service and how far along you are in terms of building your business. (250-word limit)</p>	
If "No"	
<p>Please describe a product/service that you would like to develop as part of this program. (250-word limit)</p>	
<p>*Please tell us three things that you hope to learn by participating in this program.</p>	

What makes your product/service unique?	
How would you define your primary customer?	
Who do you consider your major competition?	