



# Helen LeFrank Youth Entrepreneurial Award



## Helen LeFrank Entrepreneurial Youth Fund Application Form

*Application to be returned by February 15, 2011*

1. **Date:** \_\_\_\_\_
2. **Name of Business (or proposed):** \_\_\_\_\_
3. **Business number (if applicable):** \_\_\_\_\_
4. **Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_
5. **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_
6. **Contact Name:** \_\_\_\_\_
7. **Applicant age at time of application:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_
8. **Education:**  
**High School:** \_\_\_\_\_ **Grade completed:** \_\_\_\_\_ **Diploma: Yes**  **No**   
**Post-Secondary: Yes**  **No**  **Course:** \_\_\_\_\_ **Diploma: Yes**  **No**
9. **Mission statement of business:** \_\_\_\_\_  
\_\_\_\_\_
10. **Amount of grant requested:** \_\_\_\_\_
11. **Purpose of grant/how do you plan on using the grant money?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. **a) Business focus is in the area of (check only the most appropriate box)**  
 **Manufacturing**       **Retail/Sales**       **Service**       **Agriculture**  
 **Other – Please Specify** \_\_\_\_\_
- b) Location of business:** \_\_\_\_\_
- c)  Full-Time       Part-Time       Seasonal**

13. Geographic area in Elgin County covered by your business:

- West                       Central                       East                       St. Thomas

14. Please describe any ways you anticipate promoting the EBRC- Helen LeFrank Entrepreneurial Youth Fund in connection with this grant:

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15. What are the proposed timelines for implementing/opening your business?

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16. Other comments: \_\_\_\_\_

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Name: (Please Print) \_\_\_\_\_

\_\_\_\_\_  
Signature

**Please Enclose/Attach:**

- Complete budget for project
- One or two letters of support
- Show other sources of funding/list organizations being approached for funds (if applicable)
- Brief outline of 250 – 500 words, outlining how this grant would support you as an entrepreneur and/or business start up. *If applicable*, provide a brief history/background of your business including date of registration, major accomplishments and activity to date.

**Please confirm the Following:**

- If selected, I would be willing to work with a business mentor for a period of 1 year at no cost to me or my business.
- If selected, I would be willing to attend a minimum of 1 business workshop offered by Elgin Business Resource Centre at no cost to me or my business.

Questions and completed applications should be directed to Marilyn Crewe at the Elgin Business Resource Centre located at 300 South Edgeware Road, St. Thomas, ON N5P 4L1 or call Marilyn @ 519-633-7597 ext 27.