

APPLICATION

FOR WINTER OR SUMMER ENROLLMENT

APPLICATION

Legal Name:

Preferred Name: Former Name:

Birth Date: US Social Security #: - -

Home Phone: ( ) - Cellular Phone: ( ) -

Currant Mailing Address: City: State:

Previous Mailing Address: City: State:

Employer: Position:

May we contact for reference? Yes  No 

FUTURE PLANS

***This part of the application will aid in supporting the best match as to course placement because the task force aims to see you as the client/participant succeed as to completed your individualized program.***

Entry Time: December Winter Semester  July Summer Semester 

Days or evening explain:

What are your concerns?

Do you have a support system: Yes, If No Explain  :

How do you anticipate financing this program in the event you are accepted into the program ?

What days will you be able to complete course work and goal challenges: Mondays  Tuesdays  Wednesdays  Thursdays .

 In the event you are accepted into this program you will be required to participate in zoom chats and in person classroom sessions will this be an issue for you? No  If Yes Explain  :

Applicant Print Name Applicant Signature Date

Task Force Member Name Task Force Member Signature Date

Please provide the task force one to two weeks to review your application and a pone your scheduled interview Followed by including your $100 application, administration interview and consultation fee as your initial payment when sending in this application to:

**Resources to Dream**

**The Collaborative Business Incubator**

**58 Mystery Hill Court**

**Clayton NC 27520**

**Method of payment:**

**Certified checks and Debit/Credit Cards**

**Congratulations, on taking this step as to increasing your net worth concerning your professional stance.**

**The Task Force is ready to serve YOU!**