



B.E.S.T.

Business Entrepreneurial Stewardship Training



APPLICATION FOR ADMISSION

Name _____ Agency (Office Only) _____
Street Address _____
City / State / Zip _____
Telephone No. _____ Cell No. _____ Fax No. _____
E-Mail _____ Text? Yes No

Preferred Enrollment Date _____ Business Start Date _____
Type Of Business _____
Business Name _____

1. Describe your current business or proposed enterprise in 50 words or less. (If uncertain, describe general idea for your product or service.)

2. Is your business (check one) Local? Regional? Global / International? Franchise?

3. Who are your major or target customers?

4. Have you owned and operated a business before? Yes No If yes, please explain.

5. Is it a priority for you to own and operate a business verses finding employment? Yes No
If yes, please explain why.

6. How does your immediate family (spouse, children, etc.) feel about your owning and operating a business?

7. Have you received any WIA or Veterans Benefit funded training before? If yes, when and where?

8. Describe three of your accomplishments which you feel would help you to become a successful entrepreneur.

9. Is your business (check one) Office/Storefront? Retail? Home-Based? Internet?

10. Have you taken business courses or seminars during the last five years? Yes No
If yes, what were they and when? _____

11. Who was your last employer? _____

What was your reason for separation?
(check one) Laid-off / Downsizing
 Voluntary Quit

Date Separated: _____
 Forced Retirement Disability
 Discharged Other **

** If other, please explain _____

12. Have you registered with your local WorkSource Center, Veterans Services Agency, Employment Agency or Funding Agency for this training program? Yes No
If yes, which Agency and when? _____

13. Why are you excited about business ownership? What is your motivation to become a successful entrepreneur?

14. How did you first hear about the BEST Program? (check one)

<input type="checkbox"/> BEST Orientation	<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Website / Internet Search
<input type="checkbox"/> WorkSource Center	<input type="checkbox"/> Radio / TV PSA	<input type="checkbox"/> SBDC
<input type="checkbox"/> BEST Brochure or Flyer	<input type="checkbox"/> Veteran Services Orientation	<input type="checkbox"/> BEST Official Website
<input type="checkbox"/> Newspaper	<input type="checkbox"/> E-Mail Blast or FaceBook	<input type="checkbox"/> Other

Signature _____ Date _____

Return this Application with your Letter of Introduction via U.S. Mail, fax or e-mail PDF to attention:



BEST Candidate Admissions
Post Office Box 241527
Los Angeles, California 90024
844.286.3704 or Fax 844.288.5137
E-Mail: Success@BEST-Genesis.com



To verify eligibility for training benefits, contact your local WorkSource Center, Employment or Funding Agency.