



HUGH “BUZZY” BIG CANOE YOUTH ENTREPRENEURSHIP PROGRAM

APPLICATION FORM

SECTION 1 – APPLICANT INFORMATION

Name: _____ Date of Birth: _____
Address: _____
City: _____ Postal Code: _____
Telephone #: _____ Fax #: _____
Email Address: _____
Website: _____

BUSINESS INFORMATION:

Date Business was established: _____

Business Name: _____

Is your business Registered? Yes No Incorporated? Yes No

Is your business a: Sole Proprietor Partnership

If your business is a partnership, provide details on your partner's expertise.

Which industry sector is your business in?

Briefly describe the type of products or services your business offers:

Describe how you would use the funds and provide a breakdown of costs:

FINANCIAL DATA AND STATEMENTS * (Please complete)

Revenue: \$ _____
Profit/Loss: \$ _____
of Full time employees _____
of Part time employees _____

Do you have a current balance sheet and/or internal statements for your business? Yes No

SECTION 2 – YOUR BUSINESS’S STRATEGIC POSITION

Explain what makes you the best candidate for the Hugh “Buzzy” Big Canoe Youth Entrepreneurship Program (main accomplishments, special challenges, etc.)

Explain what makes your strategy/product/business unique and sets you apart from the competition, if applicable: (any or all three of these aspects)

SECTION 3 – VISION

What are your plans for your business’s future?

Describe your plans and the strategies you will use to achieve your goals.

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SECTION 4 – COMMUNITY INVOLVEMENT

Describe how you are involved in your community:

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SECTION 5 – ROLE MODEL

Describe what makes you a great role model for Aboriginal Youth (list accomplishments, qualities, etc):

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SECTION 6 – ADDITIONAL INFORMATION

Please send any additional documents you consider useful to complete the nomination form.
Please check off the documents you are attaching:

- Business Profile _____
- Financial Statements _____
- Other _____
- Business Plan _____
- Business Brochure _____
- Budget _____

Please provide copies of any professional development, degrees, diplomas or certificates obtained.

SECTION 7 – REFERENCES

BUSINESS REFERENCE:

Name of Company: _____
Name of Contact: _____
Address: _____
Telephone: _____
Email: _____

COMMUNITY MEMBER REFERENCE:

Name: _____
Occupation: _____
Address: _____
Telephone: _____
Email: _____

Please submit completed applications, along with a Letter of Support,
to:

Marc Manatch, Employment & Training Coordinator
Ogemawahj Tribal Council
5984 Rama Rd., Rama, ON L3V6H6
Email: mmanatch@ogemawahj.on.ca
Fax: 705-329-2509