

LABS 2020 Micro-Enterprise Training Program Application

DATE/LOCATION OF MICRO CLASS: _____ APPLICANT NAME: _____

ADDRESS _____ CITY, STATE _____ ZIP Code _____ TOWNSHIP _____

PHONE _____ EMAIL ADDRESS _____ EMPLOYER _____

COMPANY NAME _____

Are you currently a student or Unemploy? Yes _____ No _____ Please check if applicable (for statistical purposes only): Disabled

Status of Business:

Existing _____ (Date Established _____) Start-up _____ (Open Date _____) Purchase _____ (Date _____)

Form of Ownership:

Partnership _____ Corporation _____ LLC _____ Sole Proprietorship _____ Location of New/Existing Business _____

Type of Business:

Manufacturing _____ Retail _____ Wholesale _____ Service _____

Employment Projections:

Current Employees _____ New Full Time Jobs _____

Bank Name _____ Branch Address _____ Phone Number _____

DESCRIBE PROPOSED BUSINESS OR EXPANSION (include estimated cost): _____

Do you have any of the following: DBA _____ Business card _____ Attorney/Accountant _____ National ID Number _____

Interested in scholarship for tuition and materials for Micro-Enterprise Training Program? Yes _____ No _____

(If yes, please call or visit our website to request a Scholarship Application.)

I understand that the information provided on this form is a preliminary summary of the proposed project to be used for initial eligibility determination only. Micro-loans will require additional application materials. All information provided on this form and attached materials are complete and accurate or represent the best estimate available at present.

APPLICANT SIGNATURE

DATE

How did you hear about the Micro-Enterprise Program? _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. Gender: Male Female

RETURN THIS FORM WITH TUITION FEE (Fee payable to LABS Accessbank 0052529812 Nig) TO:

Nigeria Office: 378 Herbert Macaulay Way | Yaba | Lagos | Nigeria
Mob 1: +234(0)810 385 7488 | Mob 2: +234(0)805 611 9191