



Microgrant Application Worksheet

About You:

Name: _____

Address: _____

Phone: _____

Email Address: _____

Birthdate: _____

Do you identify with an intellectual or developmental disability? Yes No

Describe your disability (optional) _____

Please provide information about the main person who is supporting you and your business idea. It is required to have a support person to be eligible for the Microgrant.

Support Person Name: _____

Support Person Phone: _____

Support Person Email: _____

Relationship to Applicant: _____

What is the best way to contact you? Phone Email Text Support Person

About Your Business:

Describe Your Business:

How long have you been working on your business idea? _____

What work have you done on this business idea so far?

Who are the potential or existing customers for your business?

What sets your business idea apart from others with a similar business?

Do you have a website for your business? Yes No

If yes, what is your website? _____

Do you have any social media accounts for your business? Yes No

_____ Facebook: Link: _____

_____ Twitter: Link: _____

_____ Instagram: Link: _____

_____ LinkedIn: Link: _____

Why is starting or operating a business important to you?

Please let us know if your business idea is in one of these categories:

- Multi level marketing
- Franchise of an existing business
- Part of the cannabis or marijuana industry
- Involved in political campaigns or lobbying
- Affiliated with a religious organization

_____ My business idea is in a category listed above

_____ My business idea is not in a category listed above

Your Business Finances:

How much money are you requesting from the Celebrate EDU Microgrant program? _____
(grants will be made between \$100 - \$500)

What will the money be used for?

*If your application is approved you must complete the Celebrate EDU online finance/budget course and submit a business budget prior to receiving funds.

If this application is for an existing business, does your business generate revenue?
_____ Yes _____ No

If yes, how much money has your business generated in the last 12 months? _____

Other Information:

Is there anything else you want us to know about you and your business idea?

Are you related to any person who works for or is on the Board of Directors of Celebrate EDU?
_ Yes _____ No

If yes, please explain: _____

How did you hear about the Celebrate EDU Microgrant program?

Save this form and use this information to complete the Celebrate EDU Microgrant application online.

CelebrateEDU.org/microgrant-application