

**ENTREPRENEURS' EDUCATION AND TRAINING GRANT APPLICATION FORMS AND
PROCEDURES
AS OF MARCH 1, 2010**

FOR

GUARD SUPPORT OF MASSACHUSETTS, INC.

Applications should be verified by the State Family Program Office or the Family Assistance Center Coordinator (attached is a list of the SFPO location and telephone/fax number as well as the State FAC locations and telephone/fax numbers) and emailed to Guard Support at application@guardsupport.org with a copy to maureen.serrecchia@us.army.mil.

Our organization provides entrepreneurship education training for National Guard Members who have started their own businesses, or are planning to start their own businesses. Our goal is to help National Guard Members build and grow successful businesses. Grantees awarded entrepreneurship training may qualify for Guard Support's Entrepreneurs' Funding Program, which requires a completed business plan (pre-requisite). More information on Guard Support's Entrepreneurs' Funding Program is available on our website at www.guardsupport.org – click the “For Entrepreneurs” link at the top of the page.

The Guard Support entrepreneurship education and training grant may be used for the following courses:

- Business Plan Writing Courses
- Exploring Entrepreneurship Courses
- Other entrepreneurship courses will be considered on a case by case basis

National Guard members and their spouses are also eligible for FREE admission to monthly program meetings for entrepreneurs that are offered by Guard Support partners – the [Boston Entrepreneurs' Network](#) and [The EntreTech Forum](#). Please contact Guard Support's Executive Director for details of registering for partner programs by calling 617-848-8868.

Guard Support reserves the right to designate the organization or educational institution where the grantee will take the course(s), as well as the course(s) deemed appropriate for each grantee. Guard Support will work with the grantee to coordinate course date/time offerings and location options.

Requests for Entrepreneurship training are limited to \$500.00 per applicant. Grants for entrepreneurship education and training are considered gifts and do not have to be repaid.

**GUARD SUPPORT OF MASS. REVIEWS APPLICANT INFORMATION
AND RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED.**

INSTRUCTIONS:

- Applicant must complete the application form in its entirety.
- Validation Certification must be completed and signed.

**CALL THE FAMILY PROGRAM OFFICE
IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION.**

**GUARD SUPPORT OF MASSACHUSETTS, INC. BOARD REVIEWS APPLICANT'S INFORMATION
AND RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED.**

**GUARD SUPPORT OF MASSACHUSETTS, INC.
APPLICATION FOR ENTREPRENEURS' EDUCATION AND TRAINING GRANT**

1. _____ DATE: _____
APPLICANT'S NAME - PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME
2. APPLICANT'S RELATIONSHIP TO GUARD MEMBER _____ (WRITE SELF IF SAME AS #1)
3. _____ (IF SAME AS #1 WRITE SAME)
GUARD MEMBER'S NAME - PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME
4. IS GUARD MEMBER A DISABLED VETERAN?: ____ YES ____ NO (CHECK ONE)
5. NG MEMBER'S SSN: _____ 6. RANK OR "CIV", IF CIVILIAN _____ 7. ETS DATE: _____
8. UNIT OF ASSIGNMENT: _____ 9. MOS: _____ 10. NG JOB TITLE: _____
11. MILITARY STATUS OF GUARD MEMBER – CHECK ALL THAT APPLY:
FULL TIME TECHNICIAN: ACTIVE GUARD/RESERVE: TRADITIONAL: DEPLOYED:
12. STREET ADDRESS: _____ CITY, STATE, ZIP: _____
13. CONTACT NUMBERS: (HOME): _____ (CELL): _____ (WORK): _____
14. EMAIL ADDRESS: _____
15. WHAT IS YOUR CIVILIAN OCCUPATION – JOB TITLE?: _____ (IF UNEMPLOYED, WRITE MOST RECENT JOB TITLE)
16. HOW LONG HAVE YOU BEEN EMPLOYED WITH THIS EMPLOYER?: _____ (IF UNEMPLOYED, USE YOUR LAST EMPLOYER)
17. EMPLOYER NAME/POC: _____ EMPLOYER PHONE: _____
EMPLOYER ADDRESS: _____ CITY, STATE AND ZIP: _____
- LIST ONE RELATIVE AND ONE FRIEND (NOT RESIDING WITH YOU) WHO THE COMMITTEE COULD CONTACT, IF NECESSARY:
NAME (RELATIVE) _____ PHONE: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
NAME (FRIEND): _____ PHONE: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
18. HOW FAR ARE YOU WILLING AND ABLE TO TRAVEL FOR ENTREPRENEURSHIP CLASSES? _____ MILES
19. HAVE YOU STARTED YOUR BUSINESS?: YES NO (CIRCLE ONE) IF YOU CIRCLED YES, ANSWER QUESTIONS 20: 31
IF YOU CIRCLED NO – SKIP QUESTIONS 22-26 AND ANSWER QUESTIONS 27 TO 31
20. NAME OF YOUR BUSINESS: _____ DATE STARTED: _____
21. BUSINESS STRUCTURE (CHECK ONE): ____ SOLE PROPRIETORSHIP (DBA) ____ PARTNERSHIP ____ CORP. (S CORP., C. CORP. OR LLC)
____ HAVEN'T YET SETUP A BUSINESS STRUCTURE
22. HAVE YOU SETUP A DEDICATED BUSINESS (CHECK ALL THE APPLY): ____ PHONE ____ WEBSITE ____ FAX ____ OFFICE ____ PO BOX
23. DO YOU HAVE ANY EMPLOYEES WORKING FOR YOU? ____ YES ____ NO (CHECK ONE) IF YES, HOW MANY?: _____

24. HAVE YOU EVER HIRED INDEPENDENT CONTRACTORS FOR THIS BUSINESS: YES NO (CIRCLE ONE) IF YES, HOW MANY? _____
25. TYPE OF BUSINESS (CIRCLE ONE): SERVICE OR PRODUCT
26. WHAT FUNDS HAVE YOU PERSONALLY INVESTED IN YOUR BUSINESS, OR DO YOU PLAN TO INVEST IN YOUR BUSINESS, IF ANY?
27. DESCRIBE YOUR BUSINESS CONCEPT (WHAT NEED OR WANT DOES IT FULFILL)?
28. WHO DO YOU THINK YOUR COMPETITORS ARE, OR WILL BE YOUR COMPETITORS?
29. WHO DO YOU THINK WOULD BE YOUR IDEAL CUSTOMER?
30. WHY DO YOU WANT TO BE A BUSINESS OWNER?
31. WHAT ARE YOUR GOALS FOR YOUR BUSINESS – WHAT DO YOU WANT TO ACHIEVE – WHAT WOULD SUCCESS LOOK LIKE?

THIS BOX BELOW IS TO BE COMPLETED BY THE NG FAMILY PROGRAM OFFICE OR FAMILY ASSISTANCE CENTER

FAMILY PROGRAM OFFICE / FAMILY ASSISTANCE CENTER VALIDATION CERTIFICATION

I, the undersigned, have examined this application for assistance and certify the claim to be valid and the request for emergency financial assistance is necessary. I also verify that the proper chain of command has been notified and we have pursued all other resources reasonably available for assistance.

PRINTED NAME: _____ TITLE: _____

VERIFICATION SIGNATURE: _____ DATE: _____

CONTACT INFO: WORK: _____ CELL: _____

OTHER PHONE: _____ EMAIL: _____

GUARD SUPPORT OF MASSACHUSETTS, INC.

ENTREPRENEURSHIP TRAINING GRANT APPLICATION AND PROCEDURES EFFECTIVE MARCH 1, 2010

STATEMENT OF CONFIDENTIALITY

This application form and the verification and release authorization are the primary sources of information for determining an individual's eligibility for financial assistance. Disclosure of information on these forms, including the applicant's social security number is voluntary. Failure to provide the requested information may mean that the Guard Support Board will deny assistance because of insufficient information. The Guard Support Board will maintain confidentiality of individual details regarding the application and assistance given or denied, except as detailed in the release authorization below. Guard Support will keep statistics regarding aid given, as well as general information regarding the types of aid given, and may release such statistics and general information without the need to solicit additional consent. Guard Support may contact you to solicit permission to release additional specific details for the purposes of raising additional funds and awareness.

INFORMATION VERIFICATION AND RELEASE AUTHORIZATION:

1. I authorize verification/release of the information I am providing on this application. This authorization applies to organizations inside or outside of the Massachusetts National Guard for the purposes of evaluating this application and/or for collection proceedings if a loan is approved and payment is late. I authorize the **GUARD SUPPORT OF MASSACHUSETTS BOARD** access to any pertinent records as necessary to evaluate my application. Please initial: _____

2. The information I have provided on this Application Form is true and correct to the best of my knowledge.

Please initial: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____



Massachusetts National Guard Family Program

Massachusetts National Guard State Family Program Office:

**14 Minuteman Lane
Wellesley, MA 02481**

**888-301-3103 x7222
508-233-7222**

Army National Guard Family Assistance Centers:

Taunton	Family Assistance Center 111 Gen Owens Boulevard Taunton, MA 02780	508-823-0891
Springfield	Family Assistance Center 1505 Roosevelt Avenue Springfield, MA 01109	888-301-3103 x7950
Worcester	Family Assistance Center 701 Lincoln Street Worcester, MA 01605	508-852-4166
Reading	Family Assistance Center 25 Haverhill Street Reading, MA 01867	888-301-3103 x7444
Wellesley	Family Assistance Center 14 Minuteman Lane Wellesley, MA 02481	888-301-3103 x7221
Milford	Family Assistance Center 50 Maple Street Milford, MA 01757	888-301-3103 x7358

Air National Guard Wing Coordinators

102nd Fighter Wing Otis Air NG Base	Family Program Center 158 Reilly Street, Box 70 Otis ANG Base, MA 02542	508-968-4855
104th Fighter Wing Barnes Air NG Base	Family Program Center 175 Falcon Drive Westfield, MA 01085	413-568-9151 x1183