

FORWARD CAPE FEAR PROGRAM APPLICATION

PRELIMINARY APPLICATION DATE: PERSONAL INFORMATION Applicant Name (First, Middle, Last): Street/Mailing Address: _______ □ Bladen □ Cumberland □ Harnett County of Residence: □ Hoke □ Robeson □ Sampson Banner # (if applicable): _____ Date of Birth (MM/DD/YYYY): ____ Phone Number (Home/Mobile): _____ (Business): _____ Email (Business): _____ (Personal): _____ **DEMOGRAPHIC INFORMATION** We require the following information for program reporting purposes only. Your responses will be kept confidential and will not impact consideration of your application. □ Other Gender: ⊓ Female ⊓ Male Marital Status: □ Single □ Married □ Widowed □ Divorced □ African American/Black □ Asian ☐ Hispanic Race: □ Multiracial □ Native/Indigenous □ Pacific Islander □ White □ Other □ Unknown Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Not Applicable ☐ Other **U.S. Veteran:** □ Yes □ No **EDUCATION** Please provide your highest level of educational attainment. ☐ High school ☐ Some college ☐ Associate's □ Middle □ Elementary □ Professional □ Bachelor's □ Graduate □ Certification degree **BUSINESS INFORMATION** Business Type: □ Existing Small Business? *or* □ Start-up?

Business Name:

Please provide info	rmation a summary of your busines	ss concept. <i>Be sure to</i>	include: a) A	
description of your	product or service, b) Key different	iating features of your	product/service, c)	
Target market/dem	ographic, d) Current primary comp	etition, e) The need yo	our product/service	
addresses or solve	s, f) The level of investment require	ed		
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Di		Alan aran da ak aran aran da a		
	r current phase of development for	•		
□ Concept □ Pr	ototype Market research	Other		
How much capital a	are you seeking to fund your projec	t?		
Are you currently w	orking with a business advisor? If	so, please provide adv	risor's information.	
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Industry:				
□ Agriculture	□ Communications/Marketing	□ Construction	□ Education	
□ Manufacturing	□ Real Estate	□ Restaurant	□ Retail	
□ Service	□ Social Media	□ Technology	□ Tourism	
□ Transportation	□ Waste Industries	□ Other		
Signature:		Date:	Date:	

*** Additional information may be requested to determine program eligibility.