



MetroAction 2010 Small Business Institute Scholarship Application

Small Business Institute (SBI) scholarships are awarded to child care providers who seek a hands-on, learning program designed to help entrepreneurs sharpen the skills needed to develop, manage, and grow a successful business. Participants incorporate their own business experiences while developing the building blocks for success. From organization planning to marketing to understanding your financials, the Small Business Institute helps entrepreneurs understand how all of the pieces of a business work together.

Applicant Information:

Business Name: _____ Business Owner: _____

Scholarship Recipient: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Email: _____

Business Phone: _____ Business Fax: _____

Website: _____

Has your organization previously applied for a MetroAction Small Business Institute Scholarship?
 Yes No

Has your organization ever received a MetroAction Small Business Institute Scholarship?
 Yes No If yes, when? _____

Organization Information:

What type of child care do you provide?

- Day Care Center Group Day Care Home Other
 Family Day Care Home Head Start Program

Are you currently licensed or registered by the Department of Public Welfare (DPW)?
 Licensed Registered Neither

Is your program accredited? Yes No By whom? _____

Are you involved with the following programs:

- National Association for the Education of Young Children (NAEYC) Yes No
National Association of Child Care Professionals (NACCP) Yes No
Is your organization currently enrolled in the Keystone Stars Program? Yes No
If yes, what Star level? _____

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Proposed Project Narrative:

Please provide your answers on separate sheets of paper. Number your answers accordingly and attach to the application.

1. Describe, in detail, why you should be selected for this scholarship and how you anticipate it will impact your business?

2. Provide a description of your business. Include the following information in your description:
 - When was the organization established?
 - How many children does the organization serve?
 - What is the age range of the children?
 - How many full-time and part-time employees work at the organization?
 - What are the hours of operation?
 - Do you currently have a business plan for your business?
 - Have you attended any business development training seminars in the past? If so, please list each seminar: _____

Required Attachments:

1. Copy of DPW license or registration, or attach a letter from your Field Representative if recently inspected (if applicable).
2. Attach verification of accreditation (if applicable).

Certification:

I certify that all of the information listed in this application and/or any attachments to this application are true and correct to the best of my knowledge. If approved for the scholarship, I will reimburse the unused scholarship to MetroAction after six (6) months from the date of the disbursement. I agree to completing any required forms. I agree to a follow-up visit from MetroAction within 3-5 months after attending the Small Business Institute for review and media purposes.

Date

Signature of Applicant

Title

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Optional:

Are there any other seminar topics you would like to see MetroAction offer in the future:_____

How did you hear about MetroAction's Small Business Institute scholarship program?_____

Would you be interested in learning more about MetroAction's Child Care Loan Program?

Yes No

Return completed application to:

**MetroAction
Attention: Desiree Ranella
PO Box 431
Scranton, PA 18501
Ph: (570) 342-7711 Fax: (570) 347-6262
Email: dranella@MetroAction.org
Visit www.MetroAction.org for more information**

APPLICATION MUST BE RECEIVED BY FRIDAY, MARCH 5, 4:00 PM!

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