



## ENTREPRENEUR TRAINING PROGRAM SCHOLARSHIP APPLICANT INCOME CERTIFICATION SURVEY REPORT

Course \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

The Women's Business Center is partially funded by the US Small Business Administration. The Federal government requires that it be supplied with information on the beneficiaries of its assistance.

**WARNING:** If you knowingly or deliberately make false statement on this form, you may be subject to civil or criminal penalties.

***THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND IS NOT BEING USED TO VERIFY OR CROSS-CHECK WITH YOUR INCOME TAX RETURNS.***

1) My **family size**, including myself is:

person(s)

2) Last year, **the gross annual income** (before taxes) of all members of my family, including myself was:

\$

3) Ethnicity (check one):

- Hispanic or Latino  
 Not Hispanic or Latino

4) Female Head of Household:

- Yes  
 No

5) Race:

- |   |  |
|---|--|
| <input type="checkbox"/> White                                  | <input type="checkbox"/> American Indian/Alaska Native & White         |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Asian & White                                 |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Black/African American & White                |
| <input type="checkbox"/> American Indian/Alaska Native          | <input type="checkbox"/> Am. Indian/Alaskan Native & Black/African Am. |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi Racial                            |

6) **CERTIFICATION:**

I acknowledge that this information as submitted above has been examined by me and is true and correct.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED FOR EACH PARTICIPANT AND A PERMANENT FILE  
MAINTAINED FOR GOVERNMENT VERIFICATION.**