



Profit Mastery/Small Business SPONSORSHIP APPLICATION FORM

The Partnership for Economic Development is partnering with the Mohave Community College Small Business Development Center to offer a limited number of competitive sponsorships to Lake Havasu businesses for participation in the Profit Mastery Course. These sponsorships are open and available to resident small businesses in Lake Havasu, Arizona, preferably with at least one (1) year of business experience, and will cover the full \$350 course tuition and materials fees. Transportation and meals are not included. The course consists of four (4) consecutive weekly sessions. The course will be held on June 4, 11th, 18th and concluding 25th. The course will be held at Mohave Community College in Lake Havasu City.

ELIGIBILITY: To be eligible for a scholarship you must: (1) Be a small business owner operating in Lake Havasu; (2) Should have completed one (1) year in business; (3) Commit to attend all four training sessions; (4) Agree to work with the MCC SBDC post-training for collection of program performance measurement data.

SELECTION CRITERIA: A selection panel composed of regional Economic Development practitioners and partners will review applications based upon potential to provide economic impact to our region through:

- Potential for Job Creation/Retention;
- Potential for Sales/Revenue Growth;
- Potential for Capital Formation

APPLICATION PROCESS: Please submit the following information to the MCC SBDC along with this application form: (1) Brief cover letter of 400 words or less explaining your business/ how the training will benefit your business/ why you feel your business should receive a scholarship; (2) One year of balance sheets / profit & loss statements (*kept confidential and promptly returned after screening*); (3) Current number of employees; (4) Growth or turnaround needs.

Applicant's Name _____ Title _____

Organization _____

Address _____ City _____ Zip Code _____

Business Phone _____ E-mail _____

I HEREBY CERTIFY THAT ALL THE STATEMENTS CONTAINED ON THIS APPLICATION FORM AND ANY ATTACHMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HAVE READ ALL STATEMENTS ON THE APPLICATION FORM AND UNDERSTAND HOW THE INFORMATION I PROVIDE WILL BE USED.

Signature _____ Date _____

Important Note: I am requesting financial support for training. All information provided on this application is true and accurate. I understand that eligibility does not guarantee that I will receive a scholarship award. Furthermore, I understand that if I receive a Sponsorship and do not complete the training requirements, I will be responsible for notifying the scholarship office and may be responsible for paying back any money spent on my behalf.

***** APPLICATIONS MUST BE RECEIVED AT THE SBDC OFFICE BY May 26, 2015 *****

Respond to: Mohave Community College Small Business Development Center
1971 Jagerson Avenue, Kingman, AZ 86409

Phone: (928) 757-0894 Fax: 928-692-3087