



ENTREPRENEURSHIP PROGRAM REGISTRATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Education Level (Check highest level completed)

- | | |
|---|---|
| <input type="checkbox"/> Did not complete high school/GED | <input type="checkbox"/> Two-year technical diploma |
| <input type="checkbox"/> Completed GED | <input type="checkbox"/> Two-year associate degree |
| <input type="checkbox"/> Graduated from high school | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some college, no degree | <input type="checkbox"/> Some graduate degree courses |
| <input type="checkbox"/> One-year technical diploma | <input type="checkbox"/> Graduate college degree |

Employment Status

- Employed Underemployed Unemployed

Please explain the type of business you want to open/grow: _____

By signing below, I certify all information is true and correct to the best of my knowledge and I agree that I will commit to full participation in all program activities.

Candidate Signature

Date

Email completed form(s) to gchazu@deerfield-beach.com