

WBCares Financial Assistance Program
Request for Support Form

The WBC financial assistance program is not a source of funding for businesses directly (like a bank or lending agency). The **WBCares** program supports eligible **women** by covering a portion of the cost of a WBC course or fee-based program or membership so they can participate regardless of level of income and stage of business development. Low/moderate income levels are based on HUD statistics.

Please note that individuals can receive up to 3 WBC “scholarships” within a 12-month period. Recipients of “awards” are required to pay a minimum of **50%** of the WBC course, event, program or membership fee; **WBCares** awards cover the other **50%** of the fee.

Have Questions?

If you have questions about completing this form or the **WBCares** program, please contact the Women’s Business Center at **603-430-2892** or **info@womenbiz.org**.

Complete this form and submit to the WBC to be considered to receive financial assistance from the WBCares program to enable you to attend the WBC courses, events, or other WBC fee-based programs.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Business Name _____

1. Are you, the applicant, male or female?

Male Female

2. What size is your family – adults & children?

1 2 3 4 5 6 7 8

3. What is your *annual* household income: _____

4. Are there extenuating circumstances that are impacting your income at this time? If yes, please explain. _____

5. Do you receive (check all that apply):

TANF (Temporary Assistance for Needy Families)

Welfare

Other Government support? _____

Other financial support? _____

6. How long have you owned your own business?

I am in the process of exploring the idea of owning my own business

I have been in business for a year or less

I have been in business for 1-3 years

I have been in business for 4-10 years

I have owned a business in the past and am considering self-employment again

Other _____

7. Please provide a brief description of your business or business idea.

8. Which WBC fee-based course, program, and/or event are you planning to attend? Include the reason for wanting to attend the course. Explain how will the course, program or event will help you start or grow your business?:

Course title: _____ **Fee: \$** _____

Future WBCares awards are contingent upon successfully completing each course. Your application will remain on file to be considered for future WBCares awards. All you need to do is call when you want to take another course.

9. How did you hear about the WBC? _____

10. Your Signature _____

Thank you for completing this “application/request form” for financial support from the WBC to attend a WBC fee-based course, program or event or for membership.

**You can submit this application by
faxing it to 603-430-3706 or
emailing to info@womenbiz.org
or mailing/delivering it to**

Women’s Business Center, 1555 Lafayette Road, Portsmouth, NH 03801