



VETREPRENEUR PROJECT APPLICATION

*****Disclaimer - Completion of this application does not guarantee acceptance into the Vetpreneur Project educational program, nor does it guarantee you will be selected to receive any grant funding*****

Name and Title of Applicant:

Home Address:

Are you a disabled veteran? _____

Applicant's background and history:

Name of Business:

Business Address:

Type of business (LLC, S-Corp, C-corp, Nonprofit):

EIN #



VETREPRENEUR PROJECT APPLICATION

Mission Statement:

Vision Statement:

Is this business already operating? (yes or no)

Do you currently generate more than \$10,000 in revenue each year? (yes or no)



VETREPRENEUR PROJECT APPLICATION

*****This next section must be completed in order to be eligible to, but does not guarantee you will receive the Salute the Troops \$5000 Vetpreneur grant*****

If given this opportunity, how will you and your business directly impact the local Veteran community?
(500 word minimum)



VETREPRENEUR PROJECT APPLICATION

How will this opportunity directly affect you (the applicant)? (500 word minimum)

*****Please include a copy of the applicant's DD-214 or NGB-22 without redactions, a copy of your business plan, a current balance sheet, and a current profit and loss statement*****