



Enterprising Health

Partnering with Detroit, Flint, Hamtramck, and Highland Park community members
to build & expand health-improving businesses

PROGRAM APPLICATION

Contact Information

First Name _____ Last Name _____ Birth Date: ____ Month ____ Year

Street Address _____

City _____ State _____ Zip Code _____

Cell phone _____ Home phone _____

Email Address _____

Community Connections Information

How deeply connected are you in Detroit, Flint, Hamtramck, Highland Park? Check all that apply.

CONNECTIONS	Detroit	Flint	Hamtramck	Highland Park
I live in				
I own/operate* a business located in				
I work* for an organization located in				
I volunteer* for/serve on the board of an organization(s) located in				
I worship* in				
I regularly engage with immediate and/or extended family who live in				
Other				
Other				

* Describe in Community Connection details section

Demographic Information (Optional, but helpful for developing the program community profile)

Gender: Female Male

How would you describe yourself?

Race:

Black/African American White American Indian/Alaska Native Asian

Native Hawaiian Other Pacific Islander _____

Other Race _____

Ethnicity: Hispanic/Latino Middle Eastern (Arab)



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Community Connections Details Section

Business Owned/Operated

Currently in business: No Yes Years in business _____

Name _____

Address _____ City _____ State _____

Phone _____ Website _____

Primary Products/Services _____

Business Type: Not for/Non-Profit For-Profit Enterprise For-Benefit (Social Enterprise)

Employment

Occupation/Title _____ City _____

Occupation/Title _____ City _____

Volunteer Information

Organization Name _____

Organization Address _____ City _____

Volunteer role _____ # of years of service _____

Organization Name _____

Organization Address _____ City _____

Board role _____ # of years of service _____

Worship Information

Organization Name _____

Organization Address _____ City _____



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Background Information Section

Providing this background information gives us an opportunity to learn more about you as a potential program participant. It also gives you an opportunity to get a sense of your entrepreneurial readiness and to identify areas to focus on to increase your potential to succeed as an entrepreneur.

Please answer all questions and limit your responses to 50 words.

Background Information Questions

1. What skills, knowledge, talents, strengths, and experiences do you possess that equip you as an entrepreneur? *Please attach a current resume or profile*

2. What entrepreneurial ventures have you tried?

3. What were your strengths in each entrepreneurial venture?

4. What were your weaknesses in each entrepreneurial venture? *Candid responses do not negatively impact eligibility*

5. What aspects of health are you most interested in? – in your own life or in the lives of others; State what drives your passion in this/these areas.

6. What are you doing or have you done to help improve the lives of others? (formally or informally)



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Background Information Questions

7. Which of the target communities (Detroit, Hamtramck, Highland Park, Flint) are you most strongly connected to? Why do you feel so strongly connected?

8. What makes you think you are a team-player?

9. Describe a positive and a negative experience you've had being a member of a team

10. What major lessons would you take from prior experiences into your next teamwork opportunity?

11. What have you competed for in the past or are competing for presently?

12. What are the pros and cons of competition?

13. What aspects of this program are you most interested in?

14. What do you believe this program can do for you personally and professionally?



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Application Type

Please indicate whether at the time of this application you are applying as an individual or a member of a team or organization. We recognize that you may be applying as an individual initially while you form your team or join a participating organization.

- Individual:** I am committed to joining/forming a team with at least two additional members or joining a participating organization.
- Team:** Team Members Names 1. _____ 2. _____
- Organization:** Organization Name _____

Agreements

All applicants participate in the entrepreneurial training based solely on program eligibility. As participants become eligible to continue they are required to execute agreements governing the next program component.

Innovation Idea and Prototype Development Competition (Round 1) agreement

Executed by all participants at end of entrepreneurial training classes

Business Development Competition (Round 2) agreement

Executed by selected teams at end of competition round 1

Signature

I certify that the information given in this application is correct and accurate. I understand that discovery of false or fraudulent statements within this application may result in denial of program eligibility at any time prior to or during the program.

If eligible for the program, I hereby agree to abide by the terms/conditions of program agreements.

Name

Date

How to Submit Application

Email (Preferred): EnterprisingHealthBiz@gmail.com
Fax: 313-586-0077
Mail/Delivery: Enterprising Health Innovation & Transformation Center
6200 Second Ave, Detroit MI 48202