



Youth Entrepreneur Micro Grant
APPLICATION FORM

All applications must be accompanied by a business plan.

APPLICANT INFORMATION:

Name: _____
Age: _____ Contact phone: _____
Mailing Address: _____ Postal Code: _____
Email address: _____

Applicants under the age of 18 must have a legal guardian sign off on their application.

- I certify I am at least 18 years of age
- I have a legal guardian who will be supervising my funding

Name of Legal Guardian: _____
Contact of Legal Guardian: _____

BUSINESS INFORMATION:

Registered or Proposed Business name: _____

Business Description. Tell us a few details about your business idea - how will it work?

Business location and/or site(s) of operation:

Amount requested through the Micro Grant Program (up to a maximum of \$1000): _____

What will the requested funds be used for?

Amount you are contributing to the business (ex:cash,previously purchased product etc.) Please explain.

My business plan is attached

Please direct questions and completed forms to:

Emblem Community Development Corporation edo@mglgov.ca 204-858-2590