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| **Summer Launch Application Form** | | | | |
| **Participant Information** | | | | |
| Name: |  | | Gender (optional): |  |
| School/Grade: |  | | Birth Date: |  |
| Address: |  | | | |
| City: |  | | Postal Code: |  |
| Participant  Tel: |  | | Health Card Number: |  |
| Participant Email: |  | | Social Insurance Number: |  |
| Emergency Contact Name and Relationship: |  | | Emergency Contact Number: |  |
| Allergies: |  | | | |
| Please note any additional medical concerns StFX Extension should be aware of: | | | | |
| (Optional) Do you identify as one of the following groups? (Please circle all that apply) | | | | |
| Indigenous – African Canadian – Acadian – Disability – New Canadian | | | | |
| Are you able to attend the training workshop on June 29, 2019 in Antigonish?  You will need to arrange transportation to and from. (Please circle)  YES / NO | | | | |
| Participant Signature: | |  | | |
| Date: | |  | | |

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| **Parent/Guardian Information** | | | | |
| Name: |  | | Relationship to Participant: |  |
| Address: |  | | | |
| City: |  | | Postal Code: |  |
| Tel (Home) |  | | Tel (Cell) |  |
| Email: |  | | | |
| (Optional) Do you identify as one of the following groups? (Please circle all that apply) | | | | |
| Indigenous – African Canadian – Acadian – Disability – New Canadian | | | | |
| Are you affiliated with StFX University? (Please circle all that apply) | | | | |
| Student – Staff – Faculty – Alumni – Researcher – Not Applicable | | | | |
| Do you wish to be added to the Innovation and Enterprise Centre mailing list? (Circle)  Yes - No | | | | |
| How did you hear about *Summer Launch*? | | | | |
| I am aware that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s (Name of Applicant) participation in *Summer Launch* will require a degree of parent/guardian involvement in order to ensure a successful experience. For example: transportation to workshops or purchasing of supplies online.  Please select a response:  Yes - No | | | | |
| Parent/Guardian Signature: | |  | | |
| Date: | |  | | |

**Additional Requirements**

*Please complete the following on a separate sheet and attach to the application.*

**Statement of Interest**

Please write 1-2 paragraphs explaining why you want to take part in this program. Highlight your personal skills and experiences that will benefit your business and tell us why you are motivated to take part in this program.

**Business Proposal**

Not a complete business plan. Please write 2-3 paragraphs describing your business idea:

* What is being produced? Is it a good or a service?
  + If you providing a food service/product, please include whether or not you have received the Food Handling Course certification
* What supplies will be needed? How much will the supplies cost?
* Who will buy your product or service? What price will they pay?
* How will this product or service be produced?
* What type of help will you need to run your business? For example, will someone need to drive you?

**Resume**

Please include an updated resume.

**Media Release Form**

**Contact Information**

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| ***Summer Launch* Program Coordinator**  Hannah Chisholm  [hannah@eggcitables.com](mailto:hannah@eggcitables.com)  (902) 870-4832 | **Innovation and Enterprise Centre Coordinator**  Paula Brophy  pbrophy@stfx.ca  (902) 867-2029 |

**Application Process and Submission**

**Application Deadline:** June 21, 2019 at Midnight

**Notification of Acceptance:** No later than June 24, 2019

*Completed application forms and supplementary information must be received by the application deadline. This material can be received in either electronic or print formats via one of the following methods:*

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| **Hard Copy Submissions**  Hannah Chisholm  StFX Extension Innovation and Enterprise Centre  54 St. Mary’s Street  Antigonish, NS B2G 2A5 | **Electronic Submissions**  [hannah@eggcitables.com](mailto:hannah@eggcitables.com)  Subject Line: Summer Launch Application |