



ENTREPRENEURIAL SCHOLARSHIP FUND GUIDELINES

FUNDING:

The Paragon Foundation of Palm Beach County strives to widely disseminate educational opportunities and resources to entrepreneurs in need, particularly those from disadvantaged backgrounds that could not otherwise gain access. Working closely with the Strategic Partners Alliance which shares our desire to foster economic development and entrepreneurial education for local business owners, the Paragon Foundation has established the Entrepreneurial Scholarship Fund to support business education for small, minority and black businesses.

Scholarships will be awarded to candidates that best exhibit the potential for rapid organizational growth and demonstrated need for executive/entrepreneurial training to reach the next level of success.

ELIGIBILITY CRITERIA:

This Entrepreneurial Scholarship Fund limits scholarships to no more than \$750 per applicant and can only be awarded once each calendar year. The applicant should complete the application for grant funding in its entirety and attach information pertaining to the course or workshop they plan to attend.

The applicant should also provide a personal statement (1 – 2 pages) indicating why you are applying for a business education scholarship and what you hope to gain from this opportunity. This statement should clearly support why the Paragon Foundation should make a scholarship investment and how it will help with your business, provide gainful employment to individuals in Palm Beach County, stimulate economic growth, expand local business opportunities or aid in urban redevelopment.

SUBMISSION PROCESS:

All applications for scholarship funding will be reviewed and considered by the selection committee of the Paragon Foundation. Companies must submit completed applications to the Paragon Foundation, 2101 Vista Parkway, Suite 133, West Palm Beach, FL 33411 or directly to pmorrison@paragonpbc.org. The screening committee will consider all completed applications that meet the selection criteria. Non-selected applicants will be informed within forty-five days of the receipt of the completed application and all required documentation.



EACH APPLICANT AGREES TO COMPLY WITH THE FOLLOWING CONDITIONS:

1. Complete the Entrepreneurial Scholarship Application and provide relevant business information as requested.
2. Provide a 1-2 page personal statement indicating why the applicant is applying for funding and clearly support why the Paragon Foundation should fund the request. Clearly outline how it will help with your business, provide gainful employment to individuals in Palm Beach County, stimulate economic growth, expand local business opportunities or aid in urban redevelopment
3. Provide any relevant information about yourself and your company, including bio, executive summary or promotional materials.
4. Provide information regarding the training opportunity including flyers, course descriptions, and registration form.
5. Provide proof of the 25% match towards the cost of the training.
6. Agrees to reimburse the Paragon Foundation for the cost of any training that is not completed or attended.
7. Agrees to complete two evaluation surveys – one at the end of the course and the other eighteen months after completing the course.
8. Understands that only one individual per business is eligible to receive this grant.
9. Understands that for promotional purposes the Paragon Foundation may release your name, business name and location.
10. The Application can be completed using Adobe Acrobat or Adobe Reader. Get the free Adobe Reader 9 from <http://www.adobe.com/go/reader>. Submit the completed application electronically by clicking the 'Submit Form' button on the upper right hand corner of the form.

The Paragon Foundation of Palm Beach County, Inc.
2101 Vista Parkway, Suite 133
West Palm Beach, FL 33411
Phone: (561) 228-6146
Fax: (561) 228-6147
www.paragonpbc.org

ENTREPRENEURIAL SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Title:		
Name of Individual Applying for Scholarship:		
Business Name (if available):		
Registered Company Address:		
City:	State:	Zip Code:
Phone Number:	E-mail Address:	
Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Other		
Are you of Hispanic Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Veteran Status: <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Connected Disabled Veteran		

BUSINESS INFORMATION

Business Status: <input type="checkbox"/> Nascent (not yet in business) <input type="checkbox"/> Startup <input type="checkbox"/> Established <input type="checkbox"/> High Growth	
NAICS (if known):	
<i>If you indicated that you are in business (startup, established, or high growth) please provide the following information below. If you are nascent, proceed to the "Course Information" section</i>	
Female Ownership (0 – 100%):	Business Start Date (MM/DD/YYYY):
Business Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Undecided	
# of Employees: FT: PT:	Annual Sales \$: Annual Profit/Loss \$:

COURSE INFORMATION

Host Organization:	Start Date:	End Date:	Course Fee:
Address:			
E-mail/Web/Contact Name:			
<i>Include Workshop/Training Flyer/Registration Form</i>			

ADDITIONAL INFORMATION ABOUT YOUR PROPOSED/EXISTING BUSINESS

What is your business?

Who are your customers (to whom are you selling)?

What are your products/services?

How do you reach your market?

How will attending this course help your business?

Relevant education:

Relevant previous experience:

Partners and management:

Funding sources:

Other:

CERTIFICATIONS BY APPLICANT

1. Certifies that to the best of his/her knowledge and belief, the information being submitted on this Entrepreneurial Scholarship Fund (ESF) application is true and correct.
2. Understands that admission to ESF is a competitive process and that not all applicants are funded.
3. Complete the Entrepreneurial Scholarship Fund Application and provide relevant business information as requested.
4. Provide a 25% match towards the cost of the training.
5. Agrees to reimburse The Paragon Foundation for the cost of any training that is not completed or attended.
6. Agrees to complete and submit two evaluation surveys: one at the end of the course and the other eighteen months after completing the course.
7. Understands that only one individual per business is eligible to receive this grant.
8. Understands that for promotional purposes The Paragon Foundation may release your name, business name, location and course attended.

I understand and agree to the above terms and conditions.

Applicant Signature _____ Date _____

Printed name _____

Owner's Signature (if different from applicant) _____ Date _____

Printed Name _____ Date _____

FOR USE BY THE PARAGON FOUNDATION

Course Name:

Provider:

Date of Course:

Name of Student/Business:

BASED ON THE INFORMATION PROVIDED:

YES

NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Will attending this training enhance the overall skills of the entrepreneur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does this business seem viable in the market? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does applicant have a good understanding of the customer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the applicant have sufficient management skills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the applicant require additional technical assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the applicant met all requirements for eligibility? | <input type="checkbox"/> | <input type="checkbox"/> |

Signature below authorizes:

DENIAL

APPROVAL

Paragon Foundation Reviewer _____ Date _____