

APPLICATION FORM

Lakes Division

Aboriginal Canadian Entrepreneurs™

LD-ACE™



APPLICATION FORM

PROGRAM PREREQUISITES

- ✓ Three or more years of work experience
- ✓ A strong motivation to start a new business in the Lakes Division
- ✓ A willingness to contribute to classroom discussion and learning activities
- ✓ A willingness to be mentored throughout the business start-up process

PERSONAL DETAILS

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER(S): _____

EMAIL ADDRESS: _____

BAND AFFILIATION: _____



EDUCATION

High School Qualifications

Grade Completed: _____

Date Completed: _____

Post-secondary Studies

Program Name	Years of Study	Qualification Obtained
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Questions?

Call: 250-328-4993

debra.tamagi@gmail.com

Scan/email or Fax Attention Debra 250-838-2131



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School of Business
Executive Programs

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WORK EXPERIENCE

(Please summarize your work experience by indicating jobs held and time in each job)

	Job Title	Organization	Years
(1)			
(2)			
(3)			
(4)			

ENTREPRENEURIAL STATEMENT

(1) Please tell us why you are interested in participating in this program:

(2) Please tell us about the business you would like to start:

(3) Please tell us how the LD-ACE™ program will help you reach your business goals:

REFERENCE CONTACT INFORMATION

(Please provide the names of THREE people who can be contacted to comment on your experience and commitment)

	Name of Person	How you know them	Phone #
(1)			
(2)			
(3)			
(4)			

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