

Summer Grant Application 2024

Please type or print all requested information clearly:

NAME:	DATE OF BIRTH:
ADDRESS:	SOCIAL SECURITY NUMBER:
TELEPHONE NUMBER:	HIGH SCHOOL OR COLLEGE ATTENDING:
SEACOMM ACCOUNT NUMBER:	
PARENT/GUARDIAN NAME(S) IF A MINOR:	
ADDRESS:	TELEPHONE NUMBER:

Member Signature: _____

Business Plan Outline

Executive Summary:	
Opportunity:	
Market Analysis:	
Sales or Marketing Plan:	

Operating Plan:	
Financial Plan (Forecast):	
Purpose of Request:	
Disbursement Schedule, etc.:	

****Failure to submit any of the information listed above will result in immediate disqualification.****

I certify that all of the information provided in this application and with this application is to the best of my knowledge, true and factual. I understand that any money provided to me in the form of a grant from SeaComm is to be used in the pursuit of my business venture.

Signature: _____

Date: _____

Parent/Guardian: _____

Date: _____

**Parent/Guardian signature needed if requestor is a minor.*