



If you are currently enrolled at a KCTCS college or if you have completed this form in another course, you will need to check this box (Readmit), and complete: Name, Date of Birth or Firefighter Number (if applicable), Address and Signature.

Your responses are extremely important to us. The information provided is confidential. Please mark the appropriate box(s).

Name: First: _____ Middle: _____ Last: _____ Preferred Name: _____

Business/Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

E-mail Address: _____ Business Owner? Yes No

Phone #: Home: _____ Work: _____ Cell: _____ Fax: _____

Date of Birth: _____ Please list all names you have used on previous education records _____

Admit Status:

- First-Time Workforce Student
- High School (taking college courses prior to High School graduation)
- Non-Degree
- Readmit (attended KCTCS previously)
- Visiting Student
- First-Time Transfer
(Are you eligible to return to your former college?) Yes No

High School Attended: _____ City: _____ State: _____ County: _____
(If you earned a GED, enter GED for High School)

High School Graduation Date: _____ or GED Completion Date: _____ or Last Date of Attendance: _____

Other postsecondary institutions attended at dates: (An official transcript from each institution listed is required for admission):

College: _____ City: _____ State: _____ Dates Attended: _____
College: _____ City: _____ State: _____ Dates Attended: _____

Residency Status:

- Kentucky Have you lived in Kentucky for the last 12 months? Yes No
- Non-Kentucky How long have you been living in your non-Kentucky county? _____

Check the main type of business you are engaged in or plan to be engaged in:

- Retail Wholesale Construction
- Service Manufacturer or Producer Not in business

Gender: Female Male My business is home-based

Ethnic Background:

- American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander
- Black or African American White
- Hispanic Origin Yes No

Military Status: Non-Veteran Veteran Vietnam Veteran Disabled Veteran Service-Disabled Veteran

Citizenship Status: US Citizen? Yes No
If not a US citizen, are you a permanent resident alien of the US? Yes No Resident Alien # _____

1. How did you learn of this training program?

- | | | |
|---|--|--|
| <input type="checkbox"/> Banker/Lender | <input type="checkbox"/> Newspaper/Publication | <input type="checkbox"/> SBDC Website |
| <input type="checkbox"/> Call to SBDC | <input type="checkbox"/> Radio/Television | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Direct Mail Pamphlet | | <input type="checkbox"/> Other _____ |

2. What was your primary reason for attending this program?

- | | |
|---|--|
| <input type="checkbox"/> Preparation for starting a business | <input type="checkbox"/> To improve my own skills |
| <input type="checkbox"/> Skills improvement for owner/manager | <input type="checkbox"/> General interest in topic |
| <input type="checkbox"/> Recommended by boss/supervisor | <input type="checkbox"/> Other _____ |

3. How many years has your business been in existence?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Not in business | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 4-6 years |
| <input type="checkbox"/> Planning phase | <input type="checkbox"/> 1-3 years | <input type="checkbox"/> Over 6 years |

4. What type of program training would be most useful?

- | | | |
|--|--|--|
| <input type="checkbox"/> Multiple Daytime Sessions | <input type="checkbox"/> Single Daytime Conference | <input type="checkbox"/> Breakfast Session |
| <input type="checkbox"/> Multiple Evening Sessions | <input type="checkbox"/> Single Evening Conference | <input type="checkbox"/> Saturday Session |

5. What program topics would you be most interested in (you may select more than one)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Advertising & Marketing | <input type="checkbox"/> Employee Relations | <input type="checkbox"/> Selling to the Government |
| <input type="checkbox"/> Bidding & Estimating | <input type="checkbox"/> Environmental/Safety Issues | <input type="checkbox"/> Software Applications |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Financial Statements | (specify) _____ |
| <input type="checkbox"/> Computer Systems | <input type="checkbox"/> Increasing Sales | <input type="checkbox"/> Sources of Funding |
| <input type="checkbox"/> Credit & Collections | <input type="checkbox"/> International Trade | <input type="checkbox"/> Starting a Business |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Inventory Control | <input type="checkbox"/> Tax Fundamentals |
| <input type="checkbox"/> E-Business | <input type="checkbox"/> Market Research | <input type="checkbox"/> Other _____ |