



Application for Program and/or Scholarship

A. General Information

Applicant First Name _____ Last Name _____

Email address _____

Home Address _____

City _____ State _____ Zip Code _____

County _____ Phone _____

B. Business Information

Briefly, what is your business idea? _____

Have you started your business, and if so, how long have you been in business? _____

If selected for the Launch U program, tell us what you think it could do for you, your idea, and/or your business? _____

Cont'd on back:

How would a scholarship for the LaunchU program be beneficial for you? Explain in detail: _____

Please email completed document to Kelly Asbury at kasbury1@sfccmo.edu. Questions?
Call 660-596-7350.