

First Youth Programme

FNBB FOUNDATION
In Partnership with the Community

Application Form: **Entrepreneurship Pathway**

Monana iteke, o atlege!

I. Personal Information

First Name:		Last Name:	
Age:		Date of Birth: (DD/MM/YY)	
Gender:		Village:	
Contact Number:		Email Address:	

Level of Study: _____

Please answer the following questions as clearly as possible, providing full details.

1. In your own words, what or who is an entrepreneur?

2. Briefly describe the first time you realised you wanted to be an entrepreneur.
How old were you? What made you realise this?

3. Have you owned your own business or started a business before (no matter how small)?

4. If yes, briefly describe your previous business(es)

5. Briefly describe why you want to own your own business.

6. Do you have an entrepreneur in your immediate family?

7. If yes, who are they and what type of business do they operate?

8. Do you know which sector you would like to start a business in (e.g. retail, manufacturing, tourism, agriculture etc.)?

9. If you answered yes to the above question, which sector and why?

10. Briefly describe where you want to see yourself in 1 year and in 3 years

11. Briefly describe why you want to complete the First Youth Programme and what you think you will gain from this.

12. Do you commit to attending a 4 months long programme and 3 months of After Care?

Yes		No	
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