



## Midland College BEDC

### Survival Skills for Business Owners Certificate Program

### MHCC Scholarship Application

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) home \_\_\_\_\_ business \_\_\_\_\_ cell \_\_\_\_\_

Name/Type of business \_\_\_\_\_ Number years \_\_\_\_\_

Indicate the classes you agree to attending, if provided a scholarship. *Priority will be given to individuals who commit to attend five or more sessions.*

- |  |  |
|--|--|
| <input type="checkbox"/> Legal Issues in Business      | <input type="checkbox"/> Financial Management and Planning |
| <input type="checkbox"/> Marketing and Sales           | <input type="checkbox"/> e-Commerce                        |
| <input type="checkbox"/> Management Skills             | <input type="checkbox"/> Strategic Business Management     |
| <input type="checkbox"/> Accounting and Record-keeping |  |

This program uses federal HUD funds to cover part of the cost. *Priority will be given to individuals with moderate or low income.* Individuals outside of this income range will be considered for any unfilled class positions. Please provide the following optional information.

Number of people in your household \_\_\_\_\_

Total income of household from all sources (wages, salaries, commissions, bonuses or tips from all jobs, social security or rail retirement, etc.) \_\_\_\_\_

I certified that all information contained in this application is true to the best of my knowledge. I give Midland College consent to verify all information in this application and will provide evidence of the information if I am asked to do so.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



Submit application to:  
**Midland College BEDC**  
201 W. Florida St.  
Midland, TX 79701  
Phone: 684-4309  
Fax: 684-4821



Scholarships provided by:  
**Midland Hispanic Chamber of Commerce**