

**STUDENT ENTREPRENEURSHIP COMPONENT**

New  Nouveau  
**Brunswick**

Department of Post-Secondary  
Education and Training  
Employment Division

**Student Development and Experience  
Development Program (SEED)  
Personal Information Sheet**

Note: A separate personal information sheet must be completed by each partner

For Office Use Only

Application ID

**FORM A**

In which language do you prefer to receive correspondence?  English  French

Title  First  Middle  Last

Date of Birth (yy/mm/dd)  Gender (M/F)  Social Insurance #  Permanent Phone Number

Alternate Phone No.  Business Phone Number  Cellular No.  Fax No.

E-mail Address (if applicable)  Website Address (if applicable)

Permanent Mailing Address   
City, Town, Village   
Province   
Postal Code

Name of Proposed Business   
Note: If the business name is different from your name, you may be required to register with the Department of Justice  
Major Activity of the Business   
Postal Address (if known)   
Business Location (City, Town, Village)

**EDUCATION**

| Type of School    | School Name and Location | Year Attended From | To | Check one option for each type   | Field of Study or Specialization | Diploma, Certificate or Degree Obtained |
|-------------------|--------------------------|--------------------|----|--|----------------------------------|---|
| Secondary         |                          |                    |    | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 |                                  |   |
| Community College |                          |                    |    | <input type="checkbox"/> Some<br><input type="checkbox"/> Completed  |                                  |   |
| University        |                          |                    |    | <input type="checkbox"/> Some<br><input type="checkbox"/> Completed  |                                  |   |
| Private           |                          |                    |    | <input type="checkbox"/> Some<br><input type="checkbox"/> Completed  |                                  |   |

Amount of Loan Required \$  Date Loan Required YY  MM  DD  Expected Start Up Date YY  MM  DD

As this program is delivered through the Royal Bank and the Caisse populaire please indicate which one you wish to deal with:

Royal Address  Phone   
 Caisse populaire

Please indicate which of the following apply to you:

- |   |  |
|---|--|
| <input type="checkbox"/> Social Assistance Recipient                                  | <input type="checkbox"/> Visible Minority                  |
| <input type="checkbox"/> Full Time Student  | <input type="checkbox"/> Youth (between ages of 16 and 24) |
| <input type="checkbox"/> Currently receiving Employment Insurance                     | <input type="checkbox"/> Between the ages of 25 and 29     |
| <input type="checkbox"/> Received Employment Insurance Benefits in the last 36 months |  |
- Aboriginal, please indicate any of the following:  Status  Non-Status  Inuit  Metis  International  
 Disabled, please indicate any of the following:  Co-ordination  Mobility  Hearing  Speech  Sight  Other

Will this business operate as a partnership:  Yes  No

If Yes, indicate partners names: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**NOTE: A SEPARATE INFORMATION SHEET MUST BE COMPLETED BY EACH PARTNER.**

Are you or will you be working at another full-time job during the summer?  Yes  No

If Yes, How many hours per week: \_\_\_\_\_

Are you planning to hire employees  Yes  No

If Yes, How many: \_\_\_\_\_

Have you received a Student Venture or a Student Entrepreneurship component loan before?  Yes  No

If Yes, please indicate what year \_\_\_\_\_

Are you returning to full-time studies in the fall?  Yes  No

If Yes, where? \_\_\_\_\_

Have you established residency in N.B.?  Yes  No

Will your business operate in N.B.?  Yes  No

**EMPLOYMENT HISTORY - Give details of most recent history first**

| Employer Name & Address | Type of Work | Effective Dates |    |
|-------------------------|--------------|-----------------|----|
|                         |              | From            | To |
|                         |              |                 |    |

**REFERENCES - Give names, addresses, telephone numbers of two people not related to you that we may contact.**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Surname              | Given Name           | Phone Number         |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mailing Address      |                      |                      |
| <input type="text"/> |                      |                      |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Surname              | Given Name           | Phone Number         |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mailing Address      |                      |                      |
| <input type="text"/> |                      |                      |

I certify that the information given by me in this application is true and complete. I hereby authorize the Department of Post-Secondary Education and Training to perform a credit review during the assessment of my application under the Student Entrepreneurship component of the Student Employment and Experience Development Program (SEED).

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date