

Creative Entrepreneur Accelerator: Client Information Form

Applicant Name *

APPLICANT INFORMATION

Full Name *

First Name

Last Name

Phone Number *



Email Address *

Address *

Country



Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

County/Region *

- Chester County
- Delaware County
- Philadelphia County
- Upper Bucks County
- Lower Bucks County
- Northern Montgomery County
- Central/Southern Montgomery County

Date of Birth *

Have you been a resident of Pennsylvania continuously for the past 12 months? *

- Yes
 - No
-

DEMOGRAPHIC INFORMATION

Race/Ethnicity: Choose how you most strongly identify (select as many as applicable) *

- Asian / Asian American
- Black / African American
- Latinx
- White / Caucasian
- Middle East
- Native American / Indigenous
- Hawaiian / Pacific Islander
- Multiple Heritage / Multiracial
- Prefer not to state
- Other

What is your gender identity? *

- Female
- Male
- Nonbinary
- Agender
- Prefer not to state
- Other

Do you identify as a member of the disability community? *

- Yes
- No
- Prefer not to state

Do you identify as a veteran? *

- Yes
 - No
 - Prefer not to state
-

BUSINESS INFORMATION

Business Legal Name (if applicable):

Business Stage *

- Thinking about starting a business
- In the process of starting or acquiring business
- Own a business less than 2 years
- Own a business more than 2 years

Type of Business (if applicable)

- Sole Proprietorship
- Partnership
- C Corp
- S Corp
- LLC
- Other

Business FEIN (if applicable)

Business Website (if applicable)

Business Address (if applicable)

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Creative Industry

- Marketing – Advertising and marketing agencies and professionals
- Architecture – Architecture firms and architects
- Visual Arts & Crafts – Galleries, artists, artisans and makers
- Design – Product, interior, graphic, and fashion design firms and designers
- Film & Media – Film, video, animation, TV and radio businesses and creators
- Digital Games – Companies, programmers and individuals producing games
- Music & Entertainment – Producers, venues, musicians & performers
- Publishing – Print or electronic businesses and content creators, editors and writers
- Other

Briefly describe the key activities of your business or proposed business: *

Limit: 500 words

Are you already working with one of our Referral Coordinators? *

- Yes
 - No
 - I'm not sure
-

CERTIFICATION AND AUTHORIZATION

I hereby certify that I have answered the questions in this application to the **best of my ability without any limitations whatsoever; the facts stated herein are true and I understand that any misrepresentation or false information will** *

- disqualify me for any assistance from Creative Entrepreneur Accelerator program. I hereby agree to notify grants@philaculture.org of any change in my responses from the time of my application to the time a grant may be made.**

Digital Signature *

Please type your name as a digital signature.

Date of Submission *

Save Draft

Submit Form