# Mississagi Trust Application form for Student Summer Businesses

This application form is to be completed by Mississauga First Nation Band Members who wish funding support for a student summer business.

Please complete all three sections and the checklist prior to sending.

### **SECTION A**

FOR OFFICE USE ONLY

NAME:	AGE:	ADDRESS:	
PHONE NUMBER:	EMAIL:	BAND NUMBER:	
WILL YOU BE RETURNING TO SCHOO	DL IN SEPTEMBER?	YES NO	
WHERE WILL YOUR BUSINESS BE OP	ERATED?		
Have you ever applied for student su			
	If Yes, how much did you apply for? \$		
When?	Was it app	roved? YES NO	
Why you would like to operate a sur	nmer business?		

Identifier Number

## **SECTION B - Purpose of Request**

In the following space, outline details of your request. Provide specific information about the type of business that you want to run. Describe the product or service that you will sell and who you expect will support your business by buying your product or service. How much do you plan to charge for your product or service? How much will it cost you to make your product or provide your service? How much profit do you think you will make? Include what you will need to purchase to get started as well as what you already have that can be used for your business. See the application guidelines for more information.

When do you plan to start your business?	(Start Date)	
How many weeks will you operate it for?		
Do you plan to operate your business again next sum	ner? YES	NO 🗌

#### EDUCATION/EXPERIENCE

Please provide a statement outlining your education, training, employment history and skills and how they relate to your proposal. Attach a résumé to your application.

#### ESTIMATED SUMMER BUSINESS COSTS

Please fill in the following chart outlining what you expect to spend on each item.

#### SUMMER BUSINESS BUDGET

Budget Item	Amount	
Inventory		
Equipment		
Telephone		
Vehicle/Transportation		
Advertising		
TOTAL COST		

#### FINANCING

How much are you requesting from Mississagi Trust? \$

How will you get the rest of the money that you need for your business?

Identifier Number

## **SECTION C – Estimated Sales**

WEEK	SALES	PRICE	GROSS INCOME	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
TOTAL INCOME				

Please complete the following sales forecast:

If your application is approved by the Trustees you are required to publically thank the Trust and the Band members of Mississauga First Nation for the contribution. Provide a brief "Thank You" that explains how this support has benefitted you or your child.

I confirm that the information in this application is;

Signature

Date

Identifier Number