

Small Business Scholarship

The Small Business Scholarship program provides reimbursement for a wide range of business training to Westminster's entrepreneurs and small businesses.

Business Eligibility

- Must be employed with a business that has 50 or fewer employees
- Must be employed by an existing business (>1 year) and that has an active Westminster business license
- Entrepreneurs who are wishing to start a business may be considered for approval if attending SBDC courses
- Must be in good standing with the Colorado Secretary of State

For Questions or More Information

Economic Development

4800 W 92nd Ave.

Westminster, CO 80031

P | 303.658.2108

E | ecodevo@westminsterco.gov

W | www.westminstereconomicdevelopment.org

Guidelines

- Scholarship amounts are up to 50% of the costs for tuition, fees, and required materials, with a maximum amount of \$1,000 per year, per business (travel expenses are not included)
- Documentation of completion of the course and proof of payment are needed prior to reimbursement
- Employees and owners must receive approval prior to registration for the course
- Scholarships are awarded as funding allows

Project Criteria

- Selected course must support employee training
- Selected course must support business growth
- Selected course must support entrepreneurial training for business planning

Process

- Return a fully completed application to the Economic Development Division; Applicant will be notified of approval within a week
- Upon successful completion of the course, submit proof of course completion and proof of payment to the Economic Development Division
- Approval and reimbursement normally take 2-4 weeks



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SMALL BUSINESS SCHOLARSHIP APPLICATION

Section 1: Name of person attending training: _____

Please check affiliation:

_____ Westminster small Business owner **Complete sections 2, 3 and 4.**

_____ Employed by a Westminster small business **Complete section 2, 3 and 4.**

_____ Westminster entrepreneur interested in starting a Business in the city limits **Complete sections 3 and 4.**

Section 2:

Name of Business: _____

Business Address (City, State, Zip Code): _____

Owner/Manager's Name: _____ Email: _____

Work Number: _____ Business License Number: _____

Section 3:

Name of the Course: _____ School/Institution Providing the Training: _____

How Will this course assist you and/or your business? _____

Start Date: _____ End Date: _____ **Cost of the Course and/or Materials:** _____ **Is information on the course attached?:** Y (REQUERIDO)

Section 4:

I understand that the city will pay no more than **50%** of the course fee, up to a maximum of **\$1,000**, and that tuition reimbursement is subject to approval by the City of Westminster prior to the start of the class. Documentation of satisfactory course completion and receipts for paid tuition must be submitted to the City of Westminster prior to reimbursement. For businesses participating in the program, reimbursement will be made directly to the businesses and not to individual owners, managers, or employees. Students taking classes as part of a degree program are not eligible for reimbursement.

Signature of Business Owner/Manager Approving Course: _____ **Date:** _____

For Office Use Only

Date Received: _____ Application Approved: Y N Approval Date: _____

Amount Approved: _____ Completion Date: _____ Project Verified: _____

Amount Paid: _____ Date Paid: _____



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