

Guidelines

- Scholarship amounts are up to 50% of the costs for tuition, fees, and required materials, with a maximum amount of \$500 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

Process

- Return a fully completed application to the Economic Development Department; 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 Department
- Approval and reimbursement normally takes 2-4 weeks

SMALL BUSINESS SCHOLARSHIP

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

4800 W. 92nd Avenue
Westminster, CO 80031
P: 303-658-2108 F: 303-706-3922
ecodevo@cityofwestminster.us
www.westminstereconomicdevelopment.org



WESTMINSTER
COLORADO

REQUIREMENTS & ELIGIBILITY

SMALL BUSINESS SCHOLARSHIP APPLICATION

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

Project Criteria

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

For questions, contact the Economic Development Department
303-658-2108
ecodevo@cityofwestminster.us

Section 1

Name of person attending training: _____

Email: _____ Phone: _____

Please check affiliation

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

Employed by a Westminster small business. **Complete sections 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: _____

Type of Business: _____

Owner/Manager's Name: _____ Email: _____

Business Address: _____

Work Number: _____ Business License Number: _____

Section 3

Name of the course: _____

Provide a brief description of the course (attach course description): _____

School/Institution providing the training: _____

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

Start Date: _____ End Date: _____ Cost of Course: _____ Cost of Materials: _____

Section 4

I understand that reimbursement for tuition is contingent upon approval from the City of Westminster prior to the start of class. Documentation of satisfactory course completion and paid tuition receipts must be presented to the City of Westminster prior to reimbursement. For businesses participation 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: _____

For Office Use Only

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

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

Amount Paid: _____ Date Paid: _____