

**CREATIVE ENTREPRENEUR ACCELERATOR PROGRAM  
CLIENT INFORMATION FORM**

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Date:

**Client Information**

Name:

Phone:

Email:

Address, City, State, Zip:

**Demographics:** Client identifies as: Veteran:

Gender:

Race:

Member of Disabled Community:

**Business Information**

Business Legal Name (if applicable):

Business FEIN (if applicable):

Business URL(if applicable):

Business Address, City State, Zip (if applicable):

Creative Industry Area:

Client's Proposed Request Amount (up to \$2,000):

Client's Proposed Use of Funds:

**Eligibility Checklist (Client must satisfy all conditions in this section)**

Client is at least 18 years of age and has been a resident of Pennsylvania for at least twelve months preceding the date of referral.

Client is a creative entrepreneur intending to form or operating an eligible creative business as defined in the Creative Entrepreneur Accelerator Program guidelines.

If the client operates an eligible creative business, the business had gross revenue of less than \$200,000 for the period covered by the business' most recently submitted annual filing to the Internal Revenue Service.