



Empower Her Program

Participant Intake & Registration Form

Empower Her: Entrepreneurship Class (Summer 2025)

Welcome!

Thank you for your interest in the Empower Her Entrepreneurship Class; an initiative designed to support, uplift, and connect Somali women ready to turn their dreams into businesses. The classes start on **12th August 2025**. Please complete this confidential form to reserve your spot and help us serve you better. All information is strictly protected.

Personal Information

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth (MM/DD/YYYY): _____

Email Address: _____

Phone Number: _____

Home Address:

Street: _____

City: _____

State: _____

Zip Code: _____

Social Security Number: ____-____-____

Demographic & Background Information

Country of Origin: _____

Preferred Language: ☐ English ☐ Somali ☐ Other: _____

How many years have you lived in the U.S.? ☐ less than 1 year ☐ 1-3years
☐ 4-7years ☐ 8+ years

Are you a single parent? ☐ Yes ☐ No

Number of Children: _____

Education & Employment

Highest Level of Education Completed:

- ☐ No formal education
- ☐ Some high school
- ☐ High school diploma or GED
- ☐ Some college
- ☐ Bachelor's degree
- ☐ Graduate degree
- ☐ Other: _____

Current Employment Status:

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Self-employed
- ☐ Unemployed
- ☐ Student
- ☐ Other: _____

Entrepreneurial Aspirations

Do you currently own a business? ☐ Yes ☐ No

If yes, business name and brief description:

If not, do you have a business idea? ☐ Yes ☐ No

If yes, please describe your idea in 2-3 sentences:

What inspired you to join Empower Her? (Tell us in a few sentences)

Which areas of entrepreneurship are you most interested in? (Select all that apply)

- ☐ Starting a business
- ☐ Business planning
- ☐ Marketing & sales
- ☐ Financial management
- ☐ Digital skills
- ☐ Networking & mentorship
- ☐ Accessing funding

☐ Other:

Support & Access

Do you require language or translation support? ☐ Yes ☐ No

Do you need transportation assistance? ☐ Yes ☐ No

Consent & Acknowledgements

I consent to be contacted by SPA about this and future opportunities. I understand all information provided is confidential and used only for program purposes.

Signature: _____

Date: _____

Ready to take the next step?

Submit this form by email to: Mhussein@spaminnesota.org

For more information call: +1 (612) 458-3114

We will reach out soon with next steps.

Welcome to the Empower Her Program

Visit our Website: www.somaliparentacademy.com