



# 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 **12<sup>th</sup> 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:

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

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

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

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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:

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## **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](mailto: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](http://www.somaliparentacademy.com)