

**Social Enterprise Business Plan Contest
HBS Sacerdote Support Fellowship**

2006 Application

Applicant information

Applicant name: _____

Class year: _____

Team name: _____

Local address: _____

Local phone: _____

Permanent address: _____

Permanent phone: _____

Email: _____

HBS ID#: _____ Social Security #: _____

U.S. citizen? Yes _____ No _____

(If you are not a U.S. citizen, you must complete a "[Foreign National Information Form](#).")

In which country will your fellowship money be spent? _____

Months/dates for three month period (must begin after the conclusion of classes and end by September 1). _____

Other team members applying: _____

Fellowship agreement

I agree to fulfill all of the obligations of the HBS Sacerdote Support Fellowship, as outlined in the "2006 General Information" and "2006 Application Instructions" or I will forfeit my Fellowship.

I am committed to spending the majority of my time trying to launch the social enterprise during 3-month fellowship period. I will notify the Social Enterprise Initiative if plans change during the three-month fellowship period, so that unused funds can be given in the way intended.

The information contained in this application is my own, accurate statement to the Selection Committee. I understand and agree that any misrepresentation or omission of facts will justify a denial or revocation of my fellowship award. I also understand that the Selection Committee may verify any and all parts of my application and supporting materials.

Signature

Date