

All information provided on this form will be treated in a strictly confidential manner. Grade Learning utilizes the information provided on this form for the sole purpose of evaluating prospective franchisees.

PERSONAL DATA:

Name: _____

Address: _____

City: _____ Postal Code: _____

Do you own or rent your residence? Rent Own Landlord or mortgage holder? Landlord Mortgage

How long at this address? _____

Previous address if less than one year: _____

Is this your principal residence? Yes No

Telephone: Home: _____ Fax: _____

Email: _____ Social Insurance Number: _____

Birth Date: Month _____ Day _____ Year _____

Number of dependents: _____ Their ages: _____

Citizenship: Canadian Landed Immigrant Other Length of time in Canada: _____

Name of spouse/partner: _____

Will your spouse be active in the business? Yes No

Spouse's occupation: _____ Position: _____

Company: _____ Length of time: _____

Do you own or lease your automobile(s): Lease Own

Have you ever been refused a bond? Yes No

If yes, why? _____

Have you ever gone through bankruptcy? Yes No

If yes, when? _____ Amount: _____

Bank account numbers: Chequing: _____ Savings: _____

Bank name/address/contact: _____

Have you ever been convicted of an offence? Yes No

If yes, particulars: _____

EDUCATION:

COLLEGE/UNIVERSITY:		LOCATION:
COURSE OF STUDY:	YEAR COMPLETED:	DEGREE OR DIPLOMA:
HIGH SCHOOL:		LOCATION:
COURSE OF STUDY:	YEAR COMPLETED:	DEGREE OR DIPLOMA:
OTHER:		LOCATION:
COURSE OF STUDY:	YEAR COMPLETED:	DEGREE OR DIPLOMA:

Describe any specialized training you have completed in management: _____

EMPLOYMENT AND BUSINESS HISTORY:

(Start with present or most recent employer. Attach a résumé.)

COMPANY NAME:
ADDRESS:
DATE EMPLOYED: FROM: TO: POSITION: ANNUAL INCOME:
COMPANY NAME:
ADDRESS:
DATE EMPLOYED: FROM: TO: POSITION: ANNUAL INCOME:
COMPANY NAME:
ADDRESS:
DATE EMPLOYED: FROM: TO: POSITION: ANNUAL INCOME:
COMPANY NAME:
ADDRESS:
DATE EMPLOYED: FROM: TO: POSITION: ANNUAL INCOME:

Have you ever visited a Grade Learning location? Yes No

If yes, location: _____

Do you now own, or have you ever owned any franchise? Yes No

If yes, which franchise: _____

Do you now own, or have you ever owned any business? Yes No

If yes, please describe: _____

Are you a partner in any other business venture? Yes No

If yes, please describe: _____

Have you ever worked in the education industry? Yes No

If yes, give details: _____

BUSINESS REFERENCES:

NAME:	POSITION:
COMPANY:	RELATIONSHIP:
ADDRESS:	
TELEPHONE:	YEARS KNOWN:
NAME:	POSITION:
COMPANY:	RELATIONSHIP:
ADDRESS:	
TELEPHONE:	YEARS KNOWN:
NAME:	POSITION:
COMPANY:	RELATIONSHIP:
ADDRESS:	
TELEPHONE:	YEARS KNOWN:

PERSONAL REFERENCES (NOT RELATIVES):

NAME:	RELATIONSHIP:
ADDRESS:	
PHONE NUMBER:	YEARS KNOWN:
NAME:	RELATIONSHIP:
ADDRESS:	
PHONE NUMBER:	YEARS KNOWN:
NAME:	RELATIONSHIP:
ADDRESS:	
PHONE NUMBER:	YEARS KNOWN:

BANK AND CREDIT REFERENCES:

CONTACT NAME:	COMPANY:
ADDRESS:	TELEPHONE:
CONTACT NAME:	COMPANY:
ADDRESS:	TELEPHONE:

INVESTMENT COMPANY REFERENCES:

COMPANY NAME:	ADDRESS:
FINANCIAL ADVISOR:	TELEPHONE:

CREDIT INFORMATION:

CREDIT CARD NAME/NUMBER	
ADDRESS:	TELEPHONE:
CREDIT CARD NAME/NUMBER	
ADDRESS:	TELEPHONE:
CREDIT CARD NAME/NUMBER	
ADDRESS:	TELEPHONE:
INVESTMENT COMPANY AND FINANCIAL ADVISOR'S NAME:	
ADDRESS:	TELEPHONE:

Financial condition as of _____, 20____.

ASSETS:		LIABILITIES:	
Cash on hand and in the bank	\$	Credit cards	\$
Securities (complete Schedule 2)	\$	Accounts and notes due – unpaid	\$
Accounts and notes receivable	\$	Loans payable to banks	\$
SUB-TOTAL	\$	Loans on life insurance policy	\$
Real estate owned (complete Schedule 1)	\$	Mortgages and assessments	\$
Automobiles and other personal property	\$	Unpaid taxes	\$
Cash surrender value of insurance	\$	Other debts (complete Schedule 2)	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
TOTAL ASSETS – TOTAL LIABILITIES = NET WORTH \$			

SCHEDULE 1: REAL ESTATE

Description of property	Date acquired	Title in name of	Cost	Market value	Mortgage amount	Monthly payments

SCHEDULE 2: OTHER ASSETS AND DEBTS

Other assets	Asset value	Other debts	Debt value
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL VALUE OF ASSETS:	\$	TOTAL VALUE OF DEBTS:	\$

 Do you have any judgements, suits or liens pending: Yes No

If yes, please explain: _____

Investment and working capital available:

 \$30,000
 \$50,000
 \$75,000
 \$100,000
 \$100,000+

 Will you require assistance to obtain funding? Yes No

ADVISORS: (Complete as applicable.)

Solicitor's name: _____

Telephone: _____ Email: _____

Address: _____

Accountant's name: _____

Telephone: _____ Email: _____

Address: _____

HEALTH:

Physician's Name and Phone Number: _____

What is the general state of your health? _____

Do you have any serious illness or disability? Yes No

If yes, please explain: _____

GENERAL:

When can you start? _____

Will you devote 40 hours/week to this business? Yes No

If no, please specify your intentions as to your division of time: _____

Do you have a business partner? Yes No

How will the partner be involved in the business? _____

Prioritize the 3 locations you prefer: 1. _____

2. _____

3. _____

What are your income objectives? Year 1: _____

Annually in 5 years: _____

Where did you first hear about Grade Learning? _____

Why would you make a strong, contributing Grade Learning franchisee? _____

If you were awarded a franchise, what would you do to make it a success? _____

GRADE LEARNING AUTHORIZATION AND RELEASE OF PERSONAL INFORMATION:

The above information is true to the best of my knowledge. The falsification or withholding of any information will give Grade Learning cause for terminating the application process, or if discovered after you obtain a franchise, terminating the franchise. It is expressly understood that this application is not binding upon Grade Learning. This questionnaire is intended to assist in evaluating my personal and financial qualifications for a Grade Learning franchise.

I, _____, authorize Grade Learning to verify any and all data submitted and to make any additional investigation that is deemed necessary or advisable. This includes, but is not limited to, my credit and financial information, credentials and background character. You authorize that a photocopy or facsimile may be accepted with the same authority as the original.

Grade Learning agrees to maintain and restrict the use of this information.

For identification purposes:

Print name of applicant: _____

Driver's license number and province: _____

Date of birth: _____ Place of birth: _____

Signature: _____ Date: _____

Witness: _____ Date: _____