

# TRANSFORMATIVE CAREER PATHWAYS

## Entrepreneurship Support Service

Date of Issuance	Participant Name (First and Last)	Description of Item (ex: gas card or store name)	Units (ex: 1 gas card)	Value of Item (ex: \$50 gas card)

**Organization and Program Name**

I attest I received the support service/incentive listed above and that I am a participant in an entrepreneurship training program at the organization listed above. I further attest that I am seeking to open a business in the next year and that I am at least 18 years of age, not enrolled in K-12 school, and my household income is at or below 200% of Federal Poverty Guidelines and/or I am a person of color.

**Participant Signature**

**Date**

Based on the participant meeting all eligibility requirements, and needing additional support to complete the entrepreneurship program, I issued the above support service.

**Staff Signature**

**Date**