



2015 Application Form

Business Name/Proposal Title: _____

Shareholder/Descendant Business Applicant Information

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Are you: ASRC Shareholder ASRC Descendant Shareholder Number _____
(If descendant provide name and Shareholder # of parent)

Are you: Owner of this business (percentage of ownership: _____)

Amount of North Slope Marketplace Funds Requested: \$ _____
Awards will be issued up to \$25,000.

Number of ASRC Shareholders / descendants employed by your business (including yourself): _____

Briefly describe how you plan to use North Slope Marketplace funds to grow, maintain or expand your small business:
(Provide a summary of your business below, and use 1-5 separate pages to explain your idea completely)

I, the undersigned, hereby certify that I am an ASRC Shareholder or lineal descendant and that the statements herein are true and complete to the best of my knowledge.

Signature

Date

Sponsored By: Arctic Slope Regional Corporation and Alaska Growth Capital
Submit Applications to: ERexford@alaskagrowth.com, fax 907.339.6771 or mail
3900 C Street, Suite 302, Anchorage, AK 99503