



EACH ONE, TEACH ONE...

Director Delane Sims

Assistant Director Myeshia Jefferson

Please write or print clearly. All of your information will remain confidential between you and DNNC Steps to Success directors. Any information obtained that we think should be shared for your benefit, we will ask your permission. Thank you and good luck!

## Participant Application

### PERSONAL INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ How often do you check email? \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Highest grade level completed \_\_\_\_\_ Current Job/ Career: \_\_\_\_\_

Any children \_\_\_\_\_ Desired Career: \_\_\_\_\_ Skills: \_\_\_\_\_

What do you hope to gain from this program?  
\_\_\_\_\_  
\_\_\_\_\_

### SOCIAL INFORMATION

How often do you use the internet? \_\_\_\_\_

What platform/s do you use or visit as a business source? \_\_\_\_\_

Why \_\_\_\_\_ What social media platforms do you have? \_\_\_\_\_

What do you want to learn about the beauty \_\_\_\_\_



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business? \_\_\_\_\_

Hours you spend per week on social media: \_\_\_\_\_

List 2 of social media guru's you follow: \_\_\_\_\_

## CAREER INFORMATION

Please list your main business concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other concerns and/or career goals? \_\_\_\_\_

\_\_\_\_\_

At what point in your life did you want to make a shift in your career? \_\_\_\_\_

\_\_\_\_\_

Any personal stories associated with your career dreams? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why should we choose you to be a part of the DNNC STS Team? \_\_\_\_\_

\_\_\_\_\_

If you were to be a part of this program, what could be some obstacles that could hold you back from reaching your full potential? Please Explain: \_\_\_\_\_

\_\_\_\_\_



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## LIFE BALANCE

What is your weight? \_\_\_\_\_ Do you have an ideal weight goal? \_\_\_\_\_ Do you have any health concerns? \_\_\_\_\_

Please explain: \_\_\_\_\_

Do you have money concerns? Please explain: \_\_\_\_\_

What is your credit score? \_\_\_\_\_

Do you experience depression like symptoms? Please explain: \_\_\_\_\_

What role do sports and exercise play in your life? \_\_\_\_\_

What are your personal life goals? \_\_\_\_\_

## YOUR SCHEDULE INFORMATION

What does your weekly schedule look like Tuesday - Saturday?

<u>Day 1</u> (T/W/TH/F/SA)	<u>Day 2</u> (T/W/TH/F/SA)	<u>Day 3</u> (T/W/TH/F/SA)	<u>Day 4</u> (T/W/TH/F/SA)	<u>Day 5</u> (T/W/TH/F/SA)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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Will family and/or friends be supportive of your desire to make career and/or lifestyle changes? \_\_\_\_\_

What is your faith level in your vision (Scale 1-10... 1- low, 10- highly confident)? Please explain why: \_\_\_\_\_

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"The first thing I should do to improve my wellbeing is.." \_\_\_\_\_

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What is the result you want to enjoy after starting DNNC STS? \_\_\_\_\_

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## ADDITIONAL COMMENTS

Anything else you would like to share or know? \_\_\_\_\_

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