



Confidential Franchise Application

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

PERSONAL DATA

Name:	Phone:
Residence Address:	Fax:
City/Postal Code:	Email:
How long at this address?	Social Insurance Number:
Previous address if less than one year.	Birth date: Month Day Year
Do you have children? Yes <input type="checkbox"/> No <input type="checkbox"/>	Age of Children:

HEALTH

Physician's Name & Phone Number:
What is the general state of your health?
Do you have any serious illness or disability? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please explain:

EDUCATION

	School Name & Location	Course of Study	Years Completed	Degree or Diploma
College/University				
High School				
Other				

BUSINESS AND EMPLOYMENT EXPERIENCE

EMPLOYMENT EXPERIENCE (List most recent employment first. Attach a resume.)

From	To	Name of Firm & Address	Position	Annual Income

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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 a business? Yes No

If yes, please describe: _____

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

If yes, please describe: _____

BUSINESS REFERENCES

Name/Position	Company	Address	Telephone

PERSONAL REFERENCES (not relatives)

Name	Address	Telephone	Relationship/Years Known

BANK & CREDIT REFERENCES

Contact Name	Company	Address	Telephone

CREDIT INFORMATION

Credit Card Name/Number	Address	Telephone

Investment Company and Financial Advisor's Name	Address	Telephone

FINANCIAL SITUATION

Financial Condition as of _____, 20 ____.

Assets		Liabilities	
Cash on hand and in banks		Notes Payable to Banks	
Notes & Accounts (Due me)		Notes & Accounts (Due Others)	
Real Estate		Credit Card Debt	
Cash Surrender Value of Insurance		Loans on Life Insurance Policy	
Stocks & Bonds		Real Estate Mortgages & Assessments	
Autos		Unpaid Taxes	
Miscellaneous			
Total Assets		Total Liabilities	
		Total Net Worth	

Do you have any judgments, liens or suits pending? Yes No If yes, please explain.

Investment and Working Capital Available:

\$30,000 \$50,000 \$75,000 \$100,000 \$100,000 or more

Will you require assistance to obtain financing? Yes No

GENERAL

When can you start?
Will you devote 40 hours/week to this business? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please specify your intentions as to your division of time:
Do you have a business partner? Yes <input type="checkbox"/> No <input type="checkbox"/>
How will the partner be involved in the business?
Prioritize the 3 locations you prefer:
What are your income objectives? Year 1: _____ Annually in 5 years: _____
Where did you first hear about Grade Expectations Learning Centres?
Why would you make a strong, contributing Grade Expectations Learning Centres franchisee?
If you were awarded a franchise, what would you do to make it a success?

Grade Expectations Learning Systems Inc. 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 Expectations Learning Systems Inc. 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 Expectations Learning Systems Inc. This questionnaire is intended to assist in evaluating my personal and financial qualifications for a Grade Expectations Learning Centres Franchise.

I, _____, authorize Grade Expectations Learning Systems Inc., 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 Expectations Learning Systems Inc. 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:** _____