



Team Information

 Please note that the Primary Contact will be the main contact person for Arch Grants staff to communicate with regarding all competition details, and this person will be responsible for communicating competition details to additional team members.

The primary contact must be a founder (note: this is a change in policy from past years).

*This section will be hidden from application judges to minimize bias in evaluation of businesses.

 Primary Contact:

First Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

LinkedIn Profile URL: _____

Other Social Media
Accounts: _____


Date of Birth (dd/mm/yy) _____

Personal Mailing Address _____

City _____

State _____


Zip Code _____

 Are you a founder or co-founder of the company applying?

Arch Grants defines founder or co-founder as any individual that has been working with or for the business since its inception, and holds an equity stake (ownership, of some amount) in the business, and makes strategic decisions on behalf of the business.


Yes

No

 Are you an equity stakeholder of 10% or more for the company applying?

Yes

No

 What is your gender identity?

Female

Male

Non-binary

Other _____

Prefer not to disclose

What is your racial and/or ethnic identification?

Alaska Native or Native American

Arab or Middle Eastern


Asian

Black or African American


Hispanic or Latinx

Multiracial or Mixed Race


- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other _____
- Prefer not to disclose

 What is your country of residence?


- United States
- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- ... 170 additional choices hidden ...
- United Arab Emirates
- United Kingdom
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela
- Vietnam
- Yemen
- Zambia
- Zimbabwe

 What is your current U.S. status?

- I am a U.S. citizen
- I am a U.S. permanent resident
- I have one of the following work visas: H-1B, L-1, E-3, H-1B1, TN
- I have a dependent visa (H-4 or L-2)
- I have a student visa (F-1 or J-1)
- I have an O visa
- I have an E visa
- I'm on International Entrepreneurial Parole
- None of the above (explain) _____

 Higher Education Section

Please give the details of up to three higher education degrees you may have:


 Please give the details of any degree(s) you have received:

- Degree Type:
- Associate's
 - Bachelor's
 - Master's
 - Doctoral
 - Professional

Institution Name: _____

Graduation Year: _____

Major / Concentration / Emphasis: _____

 Details of Degree 2:


Degree Type:

- Associate's
- Bachelor's
- Master's
- Doctoral
- Professional

Institution Name:

Graduation Year:

Major / Concentration / Emphasis:

 Details of Degree 3:


Degree Type:

- Associate's
- Bachelor's
- Master's
- Doctoral
- Professional

Institution Name:

Graduation Year:


Major / Concentration / Emphasis:

 Are you working full-time on the business?

- Yes
- No


 Would you like to explain why?

- Yes
- No

 Please explain:


 Are you or a co-founder actively serving in the US Armed Forces or a Veteran of the US Armed Forces?

- Yes
- No

 Do any of your business' founders or co-founders identify as a(n):

Note: If more than one of the below options applies, please make your other selections in the next questions.


- Woman
- Immigrant/Foreign-Born
- LGBTQIA
- Person of color
- Person with a disability
- Person who was previously incarcerated
- None of these apply

 Do any of your business' founders or co-founders have any additional identifiers from the following options:


Note: If more than two of the below options apply, please make your third selection in the next question.

- Woman
- Immigrant/Foreign-Born
- LGBTQIA
- Person of color


- Person with a disability
- Person who was previously incarcerated
- None of these apply


 Do any of your business' founders or co-founders have any additional identifiers from the following options:

- Woman
- Immigrant/Foreign-Born
- LGBTQIA
- Person of color
- Person with a disability
- Person who was previously incarcerated

 Do you have any outstanding tax liens or legal judgements?

- Yes
- No

 If yes, please explain:

 How many additional team members would you like to provide information for?

Please only provide information for founders, co-founders, or equity stakeholders of 10% or more.

- 0
- 1
- 2
- 3
- 4
- 5

 Additional Team Member:

Please only provide information for founders, co-founders, or equity stakeholders of 10% or more.

First Name: _____

Last Name: _____


Position Title: _____

Email Address: _____

Phone Number: _____

LinkedIn Profile URL: _____

Date of Birth: _____

 What is this person's gender identity?

- Female
- Male
- Non-Binary

Other _____

Prefer not to disclose

What is this person's racial and/or ethnic identification?

Alaska Native or Native American

Arab or Middle Eastern

Asian

Black or African American

Hispanic or Latinx


Multiracial or Mixed Race

Native Hawaiian or Other Pacific Islander

White or Caucasian

Prefer not to disclose

Other, please specify _____

 What is your country of residence?

• Afghanistan

• Albania

• Algeria

• Andorra

• Angola

• Antarctica

• Antigua and Barbuda

• Argentina

• Armenia

• Australia

... 170 additional choices hidden ...

• United Kingdom

• United States

• Uruguay

• Uzbekistan

• Vanuatu


• Venezuela

• Vietnam

• Yemen

• Zambia

• Zimbabwe

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I have a dependent visa (H-4 or L-2)


I have a student visa (F-1 or J-1)

I have an O visa


I have an E visa

I'm on International Entrepreneurial Parole

None of the above (explain) _____

 Higher Education Section

Please give the details of up to three higher education degrees your team member has:

 Please give the details of any degree(s) they have received:


Degree Type

- Associate's
- Bachelor's
- Master's
- Doctoral
- Professional

Institution Name:

Graduation Year:

Major / Concentration / Emphasis

 Details of Degree 2:


Degree Type

- Associate's
- Bachelor's
- Master's
- Doctoral
- Professional

Institution Name:

Graduation Year:

Major / Concentration / Emphasis

 Details of Degree 3:


Degree Type

- Associate's
- Bachelor's
- Master's
- Doctoral
- Professional

Institution Name:


Graduation Year:

Major / Concentration / Emphasis

 Is this person working full-time on the business?


Yes

No

 Want to explain?

Yes

No

 Please explain:

 Additional Team Member:

Please only provide information for founders, co-founders, or equity stakeholders of 10% or more.

First Name:

Last Name: _____


Position Title: _____

Email Address: _____

Phone Number: _____

LinkedIn Profile URL: _____


Date of Birth: _____

 What is this person's gender identity?


- Female
- Male
- Non-Binary
- Other _____
- Prefer not to disclose

What is this person's racial and/or ethnic identification?

- Alaska Native or Native American
- Arab or Middle Eastern
- Asian
- Black or African American
- Hispanic or Latinx
- Multiracial or Mixed Race
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Prefer not to disclose
- Other, please specify _____


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Please give the details of up to three higher education degrees your team member has:


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Institution Name: _____

Graduation Year: _____

Major / Concentration / Emphasis _____


 Details of Degree 2:

- Degree Type
- Associate's
 - Bachelor's
 - Master's
 - Doctoral
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Institution Name: _____

Graduation Year: _____

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 Details of Degree 3:

- Degree Type
- Associate's
 - Bachelor's
 - Master's
 - Doctoral
 - Professional


Institution Name: _____

Graduation Year: _____


Major / Concentration / Emphasis _____

 Is this person working full-time on the business?

- Yes
- No

 Want to explain?

- Yes
- No

 Please explain:

 Additional Team Member:

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Last Name: _____

Position Title: _____

Email Address: _____

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 Please give the details of any degree(s) they have received:


Degree Type	<ul style="list-style-type: none"> • Associate's • Bachelor's • Master's • Doctoral • Professional
Institution Name:	_____
Graduation Year:	_____
Major / Concentration / Emphasis	_____

 Details of Degree 2:

Degree Type	<ul style="list-style-type: none"> • Associate's • Bachelor's • Master's • Doctoral • Professional
Institution Name:	_____
Graduation Year:	_____
Major / Concentration / Emphasis	_____


 Details of Degree 3:

Degree Type	<ul style="list-style-type: none"> • Associate's • Bachelor's • Master's • Doctoral • Professional
Institution Name:	_____
Graduation Year:	_____
Major / Concentration / Emphasis	_____

 Is this person working full-time on the business?


Yes

No

 Want to explain?

Yes

No

 Please explain:

 Additional Team Member:

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First Name: _____

Last Name: _____

Position Title: _____

Email Address: _____

Phone Number: _____

LinkedIn Profile URL: _____

Date of Birth: _____

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Female

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Institution Name: _____

Graduation Year: _____


Major / Concentration / Emphasis _____

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- Yes
- No

 Want to explain?

- Yes
- No

 Please explain:

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First Name: _____

Last Name: _____


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- Associate's
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- Professional

Institution Name:

Graduation Year:

Major / Concentration / Emphasis

 Details of Degree 3:


Degree Type

- Associate's
- Bachelor's
- Master's
- Doctoral
- Professional

Institution Name:


Graduation Year:

Major / Concentration / Emphasis

 Is this person working full-time on the business?


Yes

No

 Want to explain?

Yes

No

 Please explain:

All applications must be submitted online.