

JUMPSTART ATLANTIC CITY

Chelsea Economic Development Corporation

Training Program Application



FALL 2026 TRAINING PROGRAM DETAILS:

September, 15th - October 27th, 2026 (In person, 4:30 - 6:30 pm)

Participation Fee: There is a \$95 fee per participant. Your fee will be due once you accept the invitation to attend the Jumpstart Atlantic City Training Program.

The Fall 2026 program is scheduled for the following Tuesdays:

- September, 15, 2026
- September, 22, 2026
- September, 29, 2026
- October, 6, 2026
- October, 13, 2026
- October, 20, 2026
- October, 27, 2026

NOTE: You must attend all sessions in order to become a graduate.

PLEASE NOTE: Completing this application is the first step of our enrollment process, and your enrollment is not guaranteed. We will contact you by email with the next steps after reviewing your application.

JUMPSTART ATLANTIC CITY

Training Program Application

Personal Information

Full Name *

--	--	--	--

Address*

--

Address Line 2 (Apt #)

--

City State / Province / Region*

--

Zip Code:*

--

Cell Phone Number:*

--

Email *

--

I am a resident of *

- | | |
|-----------------|------------------|
| Atlantic City | Zip Code (08401) |
| Atlantic County | Zip Code _____ |
| Cape May County | Zip Code _____ |
| Other | Zip Code_____ |

JUMPSTART ATLANTIC CITY

Training Program Application

Experience and Goals

Number and Types of Real Estate Units Currently Owned *

Number and Types of Units Rehabilitated or Built (either currently owned or sold) *

Describe Your Interest in Real Estate Development/Investing *

Are you interested in new construction or rehabilitation? *

Describe Your Prior Real Estate Experience, if any. *

What Do You Hope to Gain Through Jumpstart Atlantic City Training and Mentoring? *

Describe Your Community Interest in, or connection to, Atlantic City*

What is Your 5 Year Real Estate Development Goal? *

Have you attended a Jumpstart Training Program elsewhere?*

Yes

No

On a wait list

Is There Anything Else We Should Know About You?

JUMPSTART ATLANTIC CITY

Training Program Application

By checking the box below, I acknowledge that I have read and agree to the terms set forth in this waiver & photo consent form. *

I AGREE

By typing my name below I acknowledge that the information in this application is true and correct. *

**DOWNLOAD AND SUBMIT A COMPLETE APPLICATION FORM TO:
JUMPSTARTAC@CHELSEAEDC.ORG**