

ATHENAPowerLink® Program
APPLICATION

Date of application: _____

Woman Business Owner(s) _____

Business Name _____

Business Address _____

City, State, Zip _____

Phone () _____ **Fax ()** _____ **Cell/Pager ()** _____

E-mail Address _____ **Web Address** _____

Qualification Questions:

Month/Year business began _____

Percent of business owned by one or more women _____

Does the Applicant actively manage the business? Yes _____ No _____

Number of employees (include applicant if applicable): Full Time _____ Part Time _____

Date fiscal year ends _____

Sales or revenue history (use annual fiscal year numbers; do not include cents):

Last fiscal year \$ _____ Previous fiscal year \$ _____ 2 years previous \$ _____

Projected for this fiscal year _____ Budget for next fiscal year _____

Is there anything the ATHENAPowerLink® Program should know about you or your business; i.e., do you have any litigation pending? Are there significant personal or business financial difficulties of which we need to be aware?

Have you applied for an ATHENAPowerLink® Advisory Panel before? Yes _____ No _____

If yes, when, and please describe why you did not receive one.

Business Questionnaire:

1. Do you have a business plan? Yes _____ No _____
(If yes, please send business plan with application.)

2. Briefly describe your goals for the business.
Over the next one year:

Over the next five years:

3. Do you have financial projections for the next one to two years? Yes _____ No _____
If yes, please send financial projections with application.

4. Does your business currently have a board of directors? Yes _____ No _____
If yes, how many directors, and describe their areas of expertise.

5. Do you expect any significant change in business ownership or operation during the next 18 months?
Yes _____ No _____
If yes, please describe.

6. Briefly describe your business' products. Include any business literature with application.

11. What frustrates you most about running your business?

12. What is your highest business priority and how do you see an Advisory Panel being able to help you reach that priority?

13. Have you participated in a Small Business Administration Program such as SCORE or an SBDC? If so, please state when and describe how your business benefited.

14. What successful adviser/advisee relationships have you had while running this business? What good advice have they given you? How has this affected your business? Has it resulted in any lasting or permanent change?

The information contained in this application is provided for the purpose of obtaining an unpaid Advisory Panel through the ATHENAPowerLink® Program. I understand that you are relying on the information provided herein in deciding to grant an Advisory Panel, and therefore, I represent that the information provided is true and complete.

Signature _____ Social Security # _____

Date _____

Please return completed application and attachments before March 1, 2007 to:

ATHENAPowerLink® Coordinator
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