



Mentor / Resource Partner Application

Applicant Information	
_____	_____
Name	Phone #
_____	_____
Address	E-Mail Address

Company Information	
_____	_____
Company Name	Address:
Best contact number/email : _____	

Please indicated the areas of expertise your organization could provide to our entrepreneurial community:	
<input type="checkbox"/> Management <input type="checkbox"/> Marketing <input type="checkbox"/> Insurance <input type="checkbox"/> Financing <input type="checkbox"/> Legal <input type="checkbox"/> Online Sales <input type="checkbox"/> Website <input type="checkbox"/> Human Resources <input type="checkbox"/> Banking _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Mentor: _____ _____ _____ _____ _____ _____ _____

MEETING Follow up:	FOR OFFICE USE ONLY – DO NOT WRITE IN THIS AREA
Date: _____	Request Status: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Time: _____	Acknowledgement Date: _____
	Notes: _____

Key to Entrepreneurial success is having the necessary resources for a successful launch! That requires effective planning. As entrepreneurs they are experts in their product or service but not in other elements that are necessary for business operations. Resources partners will provide their expertise to local individuals seeking to start a business through the incubator program.