

## 6-week Business Start-Up Lab Application

Classes begin May 1, 2015



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Web URL: \_\_\_\_\_

Business name: \_\_\_\_\_

Describe your business:

Years in business/started your business: \_\_\_\_\_

Number of employees (including you): \_\_\_\_\_

What are your personal & business goals?

What are the challenges standing in the way of reaching your goals?

How do you think this program will help you reach your goals? .

How did you hear about this program?