



ATHENA PowerLink®

ATHENA PowerLink®

A business mentoring program designed to increase the growth and profitability of women-owned businesses

application form

Date _____

NOTE: Final acceptance date for 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? (circle one) 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 ATHENA PowerLink 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?

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Have you applied for an ATHENA Powerlink Advisory Panel before? (circle one) Yes No

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

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BUSINESS QUESTIONNAIRE:

Do you have a business plan? (circle one) Yes No
(If yes, please send business plan with application, if possible.)

Briefly describe your goals for the business.

Over the next one year:

Over the next five years:

Do you have financial projections for the next one to two years?
(circle one) Yes No

(If yes, please send financial projections with application, if possible.)

Does your business currently have a board of directors?
(circle one) Yes No

(If yes, how many directors, and describe their areas of expertise.)

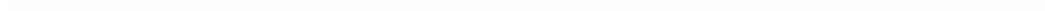
Do you expect any significant change in business ownership or operation during the next 18 months? (circle one) Yes No

(If yes, please describe.)

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

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Who are your three largest customers? Approximately what percentage of last year's sales do they represent? Approximately what is your average size sale overall?

Briefly describe your business' major strengths and major weaknesses.

Briefly describe your major competition and its/their strengths and weaknesses.

What are your primary tasks as president/owner?

Which do you enjoy more:

(a) running the business or (b) being in the industry?

What frustrates you most about running your business?

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

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.

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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?

What kinds of people would you like to see on your Panel?
What characteristics do you think a good adviser should have?

The information contained in this application is provided for the purpose of obtaining an unpaid Advisory Panel through the Athena PowerLink 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. You are authorized to make whatever inquiries you deem necessary, and you have permission to obtain a credit report on me or on my company from any credit reporting agency.

Please mail all applications with a postmark dated no later than **January 31, 2008**

Signature

Social Security Number

Date

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Please return completed application and attachments to:

Linda L. Stevenson
Athena PowerLink®
Governing Body Chair
National City
801 State Street
Erie, PA 16501
814-871-1225