

C-Cap & HCBC Morning Mentoring Application

Company Name	
Address	
Phone Number	
Email Address	
# of Employees	
Revenues in Last Fiscal Year	
Entrepreneur's Name	

Company Description (Limit to 50 words or less):

What Type of Company is Applicant? (Please Check all that Apply)	How Long has the Company Been in Business? (Please Check all that Apply)
a. Business to Business	a. Still an idea being developed
b. Business to Consumer	b. Prototype product is available
c. Company provides a Service	c. Operational – Less than 1 year
d. Company provides a Product	d. Operational – More than 1 year
e. Other (Please specify)	e. Operational - Breakeven Achieved

How is your company different from your competitors? (Limit to 3)

1 _____

2 _____

3 _____

What are the major issues confronting your business at present? (Limit to 3)

1 _____

2 _____

3 _____

What are your goals for participating in Morning Mentoring (Limit to 3)

1 _____

2 _____

3 _____

Are you seeking funds to grow your business in the next 12 months? Yes or No Maybe
If Yes, what dollar (\$) amount is your business seeking and for what purposes?

Please return to Mary Myers of HCBC by close of business one week prior to the session.