**ATHENA *PowerLink®*** **Program**

**APPLICATION DUE OCTOBER 15**

**Date of Application:**

**Woman Business Owner(s) Name(s):**

**Business Name:**

**Business Address:**

**City, State, Zip:**

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

**Email Address: Website:**

**Qualification Questions:**

Month/Year Business Began:

Percentage of business that is woman-owned:

Does the Applicant actively manage the business? Yes No

Number of employees (include Applicant if applicable):

Date fiscal year ends:

Sales or revenue history (use annual fiscal year numbers, do not include cents) ***\*Current financial statements required to support application***

 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? Do you have any pending litigation? Are there significant personal or business financial difficulties of which we need to be aware?

Have you applied for an ATHENA *PowerLink®* Advisory Panel before?

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)

1. Briefly describe your goals for the business.

Over the next year:

Over the next five years:

1. Do you have financial projections for the next one to two years? Yes No

(If yes, please send financial projections with application)

1. Does your business have a board of directors? Yes No

(If yes, please list number of directors and their areas of expertise)

1. Do you expect any significant changes in business ownership or operation during the next 18 months?

Yes No

(If yes, please describe)

1. Briefly describe your business’ products/services. Please include any literature with application.
2. Who are your three largest customers? Approximately what percentage of last year’s sales do they represent? Approximately what is your average sale overall?
3. Briefly describe your business’ major strengths and weaknesses.
4. Briefly describe your major competition and its/their strengths and weaknesses.
5. What are your primary functions as president/owner? Which do you enjoy more: running the business or being in the industry?
6. What frustrates you most about running your business?
7. What is your highest business priority and how do you see an Advisory Panel being able to help you reach that goal?
8. Have you received services from any local business development program such as the Small Business Development Center (SBDC) or SCORE? If so, please state when and describe how your business benefited.
9. 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 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.

Signature:

Date:

Please return completed application and appropriate attachments (business plan, financial projections, current financial statements, etc.) to:

Ms. Linda Stevenson

ATHENA PowerLink

3208 Georgian Ct.

#106

Erie, PA 16506