



Program Inquiry Form

Providers of Educational, Technical & Financial Assistance
To New & Existing Small Businesses in Pike, Jackson, Ross & Scioto Counties

NAME _____ County of Residence _____

What is your business idea?

Why do you want to start your own business?

What is your experience in this type of business?

What skills or experiences have you acquired that will help you make this business successful?

Who is assisting you with your business idea?

What is your current employment status?

Are you currently in business?

YES NO

Are you willing to risk your life savings or personal assets?

YES NO

Do you have a business plan?

YES NO

Are you willing to work 12-16 hrs/day, six days a week?

YES NO

What will be your role in the business?

How did you hear about us?

What assistance would you like from us?

One-on-One business Coaching Business Class Business Loan Other _____