SCOTT SKODNEK BUSINESS DEVELOPMENT CENTER

ENTREPRENEURIAL ASSISTANCE PROGRAM - Program Application/Assessment

Name

Address ______________________________ City __________________ State ___ Zip ___

Phone (Home) ___________________ (Business) ___________________ (Cell) __________

Fax ___________________ E-mail ____________________________

Business (Name) ______________________________ Business (Type) __________

Status  □ Veteran  □ Nassau Community College Alumni  □ Unemployed  □ Town of N. Hempstead Resident

1. Describe your business idea and how you plan to start or expand this venture.

________________________________________________________________________________________

2. List the background, education, skills, talents and training you bring to the business.

________________________________________________________________________________________

3. List your present/past work experiences.

________________________________________________________________________________________

4. What have you accomplished in other areas that may be helpful in this business?

________________________________________________________________________________________

5. Is/or will the business be your main source of income?

________________________________________________________________________________________

6. Have you researched the market and competitors for the product/service? Discuss.

________________________________________________________________________________________

7. Do you have financial resources for this venture? Discuss.

________________________________________________________________________________________
8. Have you reviewed your credit history? Discuss.

9. What is your commitment to the venture? Discuss if full/part time.

10. Discuss the strengths and weaknesses you bring to the business.

11. Discuss how you plan to overcome the weaknesses.

12. Please indicate your computer skill level:
   - [ ] Beginner (a familiarity with basic computer features)
   - [ ] Intermediate (a familiarity with Microsoft Office programs (Word, Excel, etc.) and Internet usage)
   - [ ] Advanced (a proficiency in Microsoft Office programs with the ability to utilize advanced features; knowledge of Internet tools including social networking sites and search engines)

13. Discuss any additional information relative to your business.

14. What are the specific skills/tasks you expect to accomplish from participation in this program?

15. How did you hear about the EAP?

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PLEASE FAX- 516-463-3907 OR SCAN/EMAIL APPLICATION W/CREDIT CARD FORM TO
Judith.Tyne@hofstra.edu

Program Fee $495 Includes NxLevel Text & Workbook

Scott Skodnek Business Development Center
Oak Street Center, Room 107-B
255 Hofstra University
Hempstead, NY 11549
516-463-5285
CREDIT CARD PAYMENT FORM
ENTREPRENEURIAL ASSISTANCE PROGRAM

Name______________________________

Billing Address_______________________

Phone______________________________

__Visa  __MasterCard Card # ___________ ___________ ___________ ___________

Cardholder’s Name______________________________

Signature________________________________ Expiration __________________

Amount $__________