



## InnovatorsLINK Virtual Business Mentoring & Bootcamp Courses Program

### Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender M/F

Company Name \_\_\_\_\_ DBA \_\_\_\_\_

Address \_\_\_\_\_ Building/Ste. \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Type of Business \_\_\_\_\_ NAICs Codes \_\_\_\_\_ (Optional)

% of Business Owned by You \_\_\_\_\_ Year Business Started \_\_\_\_\_ Or  
Acquired \_\_\_\_\_

If Applicable Annual Gross Revenues for recent 1 to 2 years: Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_  
Or if Start-up Forecasted Gross Revenues: Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_

1. Please Briefly Describe the Products or Services You Offer:

---

---

---

2. Describe your reasons for interest in the IL Bootcamp and Mentoring program:

---

---

3. If possible, supply recent years Balance Sheet and Income Statement or if a start-up then a one to two-year forecast.

4. If an ongoing small-business then last year's U.S. Federal tax return.