**WKU Small Business Accelerator

Mentor/Service Provider Assistance Request Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify all of the communication options to which your company has access:

[ ]  Email

[ ]  In-Person Office Visit

[ ]  Telephone

[ ]  Teleconference

[ ]  Text Message

[ ]  Video Conference

Briefly describe your company’s business model:

Please identify your company’s stage?

[ ]  Pre-Company

[ ]  Early Stage Startup

[ ]  Established <5 Years

[ ]  Established >5 Years

[ ]  Funded

[ ]  Seeking Funding

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify 3-5 areas in which you are seeking information from a mentor/service provider:

[ ]  Business Accounting/Budget

[ ]  Business Plan

[ ]  Buy/Sell Business

[ ]  Cash Flow Management

[ ]  Customer Relations

[ ]  eCommerce

[ ]  Financing/Capital

[ ]  Franchising

[ ]  Government Contracting

[ ]  Human Resources/Managing Employees

[ ]  International Trade

[ ]  Legal Issues

[ ]  Managing a Business

[ ]  Marketing/Sales

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Product Development

[ ]  Prototyping

[ ]  Startup Assistance

[ ]  Tax Planning

[ ]  Technology/IT

Have you ever worked with a mentor? [ ]  Yes [ ]  No

To request a specific mentor, identify the mentor here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know anyone who may be interested in being a mentor in our network? If so, please refer them here:

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the WKU Small Business Accelerator Mentor Network?

[ ]  Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Social Media

[ ]  Newsletter

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return the completed form to Jeff Hook at william.hook@wku.edu.*