



# Business Mentoring Makeover Application

Please fill out the application form below. Please also attach a one year focus plan and two references or testimonials\*. All applications will be kept in strict confidence and only be utilized in the selection process by the Business Makeover Mentoring Committee. Applicants agree to the time and commitment to grow and build their own company by prioritizing pre-scheduled quarterly meetings, monthly telephone conferences and the preparation required to take full advantage of the access and time of the Mentoring Committee. By providing open and fully honest information you and your business will have the best chance of success and full benefit. Good luck!

**Applications must be submitted by 5PM (EST) Tuesday, October 7, 2016.** Submit application to Advisory Council Member Talmar Anderson at [TAnderson@TalmarItUp.com](mailto:TAnderson@TalmarItUp.com) or [Questions@BusinessSideofBiz.com](mailto:Questions@BusinessSideofBiz.com) with "VWBC Mentoring" in the subject line. If you have any questions please contact Advisory Council Member Talmar Anderson at [TAnderson@TalmarItUp.com](mailto:TAnderson@TalmarItUp.com) or [Questions@BusinessSideofBiz.com](mailto:Questions@BusinessSideofBiz.com)

FULL NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

INDUSTRY: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Please answer the following questions:**

1. How long has your company been in business? \_\_\_\_\_

2. Are you the sole owner? \_\_\_\_\_

If no, who are your partners? \_\_\_\_\_

3. What success has your business experienced? \_\_\_\_\_

\_\_\_\_\_



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4. What are the major roadblocks you have hit as a business owner? \_\_\_\_\_

\_\_\_\_\_

5. What would you like to focus on the most to overcome your business roadblocks?

Choose the top 3 that your business is experiencing NOW.

- Marketing & Branding
- Employee Management
- Financials & Cash Flow
- Forecasting & Strategy
- Sales & Pricing
- Operational Processes

6. Gross Revenues – The details

(all held in complete confidence)

a. What was your gross company revenue in 2015? \_\_\_\_\_

b. What is your expected gross revenue for the end of 2016? \_\_\_\_\_

c. How much would you like to gross by the end of 2017? \_\_\_\_\_

7. How many clients do you have currently? \_\_\_\_\_

How many clients would you like to have? \_\_\_\_\_

8. What is the average amount a client is worth to your company in revenue? \_\_\_\_\_

9. What are you currently doing to market your business? \_\_\_\_\_

10. How many employees do you work with? \_\_\_\_\_

a. Independent contractors to deliver your services products? \_\_\_\_\_

b. Vendors to support your business? \_\_\_\_\_

11. What obstacles, challenges, and struggles do you regularly come up against in your business?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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12. Where would you like your company to be in a year? \_\_\_\_\_

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13. Please write a brief statement about how you and your company hope to benefit from the 12 month mentoring if chosen for the Business Makeover Mentoring Program (350 word maximum).

*Please feel free to use a separate sheet of paper.*

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*\* References and/or testimonials may not be related to the applicant. The applicant must be a small for-profit business owner who is engaged in the daily operations of their established business and be a ticket holder of the FULL Day Virginia Women's Business Conference.*