

2009_Mentee Application Form Application May 22, 2009

Company Name: Title:		Applicants Name:	
Street Address:			
City,		State,	Zip Code:
Telephone:		Fax:	
Email:			
Description of Business:			
No. of years in business:		No. of employees:	Estimated annual revenue:
Will you be able to commit 9 months to a mentor relationship knowing that the mentor is volunteering her time to help you? ___Yes ___No			
State one (1) specific issue for which you seek guidance / assistance.			
How can a mentor help you achieve this goal?			
Please check each of the boxes where your company hopes to receive assistance:			
Accounting		Legal	
Business Plan		Loan Applications	
Contract Negotiations		Management Consulting	
Finance		Marketing/Sales	
Government Contracting		Proposal Writing	
HR/Benefits		Strategic Planning	
IT Technology			
Other resources (please list):			
Would you have a problem being Mentored with someone in your own industry? Yes_____ No_____			
Please include a copy of your company profile along with this application.			
Signature of Mentee Applicant			

Return to:

Women's Business Council – Southwest
2201 N. Collins, Suite 158
Arlington, TX 76011 Fax: 817.299.0949

2009 Mentee Application