VETBIZ ACTIVATE APPLICATION
CONTACT INFORMATION

______________________________________________________

DATE

FIRST NAME  MIDDLE INITIAL  LAST NAME

mm/dd/yyyy

______________________________________________________

MAILING ADDRESS

______________________________________________________

CITY OF RESIDENCE

STATE  ZIP CODE

______________________________________________________

PHONE NUMBER  EMAIL ADDRESS

(XXX)XXX-XXXXX

______________________________________________________

BRANCH OF SERVICE (OR MILITARY SPOUSE)

______________________________________________________

HAVE YOU EVER OPERATED A BUSINESS? (Y/N)

______________________________________________________

DO YOU CURRENTLY OPERATE A BUSINESS? (Y/N)

______________________________________________________

IF YES, NAME OF BUSINESS
What are your expectations for annual income (salary you pay yourself, profits, or other funds that are used for household expenses) from your business that you will be able to take next year?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What prerequisite have you completed prior to the VetBiz Activate start date? (Boots to Business, Reboot, or fully filled out Edward Lowe Business Idea Quiz)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What is your highest priority for assistance currently in your entrepreneurial journey?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

FOLLOW-UP SURVEYS AND RELEASE OF INFORMATION

I agree that all the information in this application is true to the best of my knowledge. If selected to participate in VetBiz Activate, I authorize the ongoing sharing of information with VetBiz, including this report and any future progress, attendance, and/or termination. I understand all information will be kept confidential and only used in a collective form.

_________________________________________  ______________________________________
Signature                                      Date (mm/dd/yyyy)