



SCOTT SKODNEK BUSINESS DEVELOPMENT CENTER

**ENTREPRENEURIAL ASSISTANCE PROGRAM - Program Application/Assessment**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Business (Name) \_\_\_\_\_

Business (Type) \_\_\_\_\_

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1. Describe your business idea and how you plan to start or expand this venture.

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

2. List the background, education, skills, talents and training you bring to the business.

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

3. List your present/past work experiences.

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

5. What have you accomplished in other areas that may be helpful in this business?

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

6. Is/or will the business be your main source of income?

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

7. Have you researched the market and competitors for the product/service? Discuss.

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

8. Do you have financial resources for this venture? Discuss.

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



9. Have you reviewed your credit history? Discuss.

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10. What is your commitment to the venture? Discuss if full/part time.

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11. Discuss the strengths and weaknesses you bring to the business.

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12. Discuss how you plan to overcome the weaknesses.

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13. Please indicate your computer skill level:

- Beginner** (a familiarity with basic computer features)
- Intermediate** (a familiarity with Microsoft Office programs (Word, Excel, etc.) and Internet usage)
- Advanced** (a proficiency in Microsoft Office programs with the ability to utilize advanced features; knowledge of Internet tools including social networking sites and search engines)

14. Discuss any additional information relative to your business.

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15. What are the specific skills/tasks you expect to accomplish from participation in this program?

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16. How did you hear about the EAP? \_\_\_\_\_



**Payment Information - \$495 program fee (\$250 deposit required to register)**

- Cash, money order or check payable to Hofstra University
- Credit Card No. **(Visa or MasterCard Only)** \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit CCV # \_\_\_\_\_  
*(located on back of card in signature area)*

Signature \_\_\_\_\_ Cardholder Name \_\_\_\_\_

**Amount Paid: \$** \_\_\_\_\_

**Please complete and mail, fax or e-mail this form to:**

Laura Fetter, Programs Administrator  
250 Hofstra University,  
University College Hall, Room 143,  
Hempstead, NY 11549-2500

**Phone:** (516) 463-7214 ♦ **Fax:** (516) 463 -3907 ♦ **Email:** Laura.J.Fetter@hofstra.edu