



HOFSTRA
UNIVERSITY

SCOTT SKODNEK BUSINESS DEVELOPMENT CENTER

FALL 2009
ENTREPRENEURIAL ASSISTANCE PROGRAM
Program Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Business) _____ (Cell) _____

Fax _____ E-mail _____

1. Business (Name) _____

Business (Type) _____

2. Describe the business you plan to start or expand

3. List the talents, skills, training and background you have in this business area

4. List your previous work experiences

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



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

7. Ethnicity/Race Group:

- Black
- Hispanic
- Asian
- Native American
- White

8. Designated Group/Status

- Veteran
- Disabled Individual
- Dislocated Worker
- Non-Minority
- Minority

9. How did you hear about the EAP? _____

Payment Information - \$495 program fee

- Cash \$ _____ Money Order \$ _____
- Check payable to Hofstra University Amount \$ _____
- Credit Card No. (**Visa or MasterCard Only**) _____
Amount \$ _____ Expiration Date _____

Signature _____ 3 Digit Verification # ____
(located on back of card in signature area)

Name of Cardholder if different from above _____

Please complete and 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