



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) _____

Status ☐ Veteran ☐ Nassau Community College Alumni ☐ Unemployed ☐ Town of N. Hempstead Resident

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.

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

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

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

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



8. Have you reviewed your credit history? Discuss.

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

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

11. Discuss how you plan to overcome the weaknesses.

12. 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)

13. Discuss any additional information relative to your business.

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

15. How did you hear about the EAP? _____

PLEASE FAX- 516-463-3907 OR SCAN/EMAIL APPLICATION W/CREDIT CARD FORM TO
Judith.Tyne@hofstra.edu

Program Fee \$495 Includes NxLevel Text & Workbook

Scott Skodnek Business Development Center
Oak Street Center, Room 107-B
255 Hofstra University
Hempstead, NY 11549
516-463-5285



SCOTT SKODNEK BUSINESS DEVELOPMENT CENTER

CREDIT CARD PAYMENT FORM
ENTREPRENEURIAL ASSISTANCE PROGRAM

Name _____

Billing Address _____
STREET ADDRESS CITY STATE ZP

Phone _____

__Visa __MasterCard Card # ____ - ____ - ____ - ____

Cardholder's Name _____

Signature _____ Expiration _____

Amount \$ _____