

# Mentoring Program Application Form

## ATHENA PowerLink® Baltimore

*A business mentoring program designed to increase the growth and profitability of women-owned businesses. Offered exclusively by the ATHENA INTERNATIONAL. All rights reserved.*

|                         |  |                 |  |                   |  |
|-------------------------|--|-----------------|--|-------------------|--|
| Business Owner Name(s): |  | Business Phone: |  | Business Started: |  |
| Business Name:          |  | Mobile Phone:   |  | % Owned by Women: |  |
| Business Address:       |  | Email Address:  |  | Type of Industry: |  |
| City, State, Zip:       |  | Web Address:    |  | Number Employed:  |  |

### Sales History & Forecast

| Date Fiscal Year Ends | Projected Sales for the Current Year | Annual Sales for Last Fiscal Year | Annual Sales for Prior Year |
|-----------------------|--------------------------------------|-----------------------------------|-----------------------------|
|                       | \$                                   | \$                                | \$                          |

### Business Questionnaire\*

Briefly describe your company, its history and operations:

Briefly describe your short and long term goals that you have for your business:

Briefly explain how you envision an ATHENA PowerLink® Advisory Panel will help your company reach its goals and priorities:

Is there anything the ATHENA PowerLink® program should know about you or your business; i.e., do you have any litigation pending? Are there any significant personal or business financial difficulties of which we need to be aware?

\* Please feel free to submit any additional information, business literature, brochures and/or business plan to this application.

*The information contained in or as part of this application is provided for the purpose of obtaining an unpaid Advisory Panel through the ATHENA PowerLink® program. I understand that you are relying on the information provided herein and through any potential interview process in deciding to grant an Advisory Panel, and therefore, I represent that the information is true and complete. You are authorized to make whatever inquiries you deem necessary, and you have permission to obtain a credit report on me or on my company from any credit reporting agency. I acknowledge that ATHENA may request additional information in consideration of this application.*

X

Signature/Date

Applicant Name

Please return completed application and any relevant attachments to:

Ms. Kathy Cook  
 ATHENA PowerLink® Baltimore Administrator  
 c/o PNC Bank  
 One East Pratt Street – C3-C411-10-A  
 Baltimore, MD 21202  
 410-237-5402  
 k.cook@pnc.com