



CIRCLES OF SEVEN

MENTORS FOR BUSINESS GROWTH

Protégé Application

Information submitted will be held in confidence and used only for purposes of evaluation for inclusion in the Circles of Seven mentoring program. Feel free to use as much space as you need to complete the application. Please send completed application via email or mail to:

Shelby Schneider – email Shelby.Schneider@saratogapartnership.org
Saratoga County Prosperity Partnership
2911 Rt. 9
Malta, NY 12020
c/o C7 Program

After your application has been approved, we will send an invoice for the \$95 program fee or you can also pay by credit card. We will then send you an invitation to our Circles of Seven program.

Name:

Business Name:

Business Address (with city, ZIP code):

Business Phone:

Business Email:

Web Address:

Other social media addresses and contact information (linkedin, company facebook page, twitter):

1. Nature of business. Please provide a brief description of product/service and nature of market:
2. How did you learn about this program?
3. What education and/or specialized training do you have:

Application Questionnaire

4. Why are you applying to be in the Circles of Seven mentoring program?
5. How long have you been in business? Is this your first business? List other businesses and the number of years you owned/operated them?
6. Number of full-time employees? Number of part-time employees?
7. What is the main challenge currently facing your company?
8. What kind of professional or business background would your ideal mentor have?
9. Please include at least one business reference and one personal reference (name, phone number, email address and a brief description of why or how you have interacted with this person., i.e. he/she is your customer, advisor, banker, investor, etc.)
10. Please list your preferred days/times (morning, evening, etc.) for group meetings.