

**ATHENAPowerLink® NAWBO® Delaware Valley Program**

**APPLICATION**

We are accepting applications on a rolling basis

**Date of application:**

**Woman Business**

**Owner(s): Business Name:**

**Business Address:**

**City, State, Zip:**

**Phone:**

**Fax:**

**Cell:**

**E-mail Address:**

**Web Address:**

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**Qualification Questions:**

Month/Year business began:

Percent of business owned by one or more women:

Does the Applicant actively manage the business?                      Yes                      No

Number of employees (include applicant if applicable):                      Full Time                      Part Time

Date fiscal year ends

Sales or revenue history (use annual fiscal year numbers; do not include cents):

                    Last fiscal year \$                      Previous fiscal year \$                      2 years previous \$

                    Projected for this fiscal year \$                      Budget for next fiscal year \$

Do you have bank loans and/or credit card debt that were used to finance your business?                      Yes (see below)                      No

If you answered yes to the above, how much is your total debt?

Are you able to take a salary and/or other personal expenditures out of the business? If so, how long have you been able to do that?

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

Have you applied for an ATHENAPowerLink® Advisory Panel before?                      Yes                      No

If yes, when, and please describe why you did not receive one.





13. What frustrates you most about running your business?

14. What is your highest business priority and how do you see an Advisory Panel being able to help you reach that priority?

15. Have you participated in a Small Business Administration Program such as SCORE or an SBDC? If so, please state when and describe how your business benefited.

16. What successful adviser/advisee relationships have you had while running this business? What good advice have they given you? How has this affected your business? Has it resulted in any lasting or permanent change?

The information contained in this application is provided for the purpose of obtaining an unpaid Advisory Panel through the ATHENAPowerLink® Program. I understand that you are relying on the information provided herein in deciding to grant an Advisory Panel, and therefore, I represent that the information provided is true and complete. I understand that, if accepted into the program, there will be an additional fee, based on annual revenues, payable to the Athena Foundation.

Signature

EIN #

Date

**Please return completed application, attachments and application fee to:**

**Jane Barr Pino, Program Administrator**

**ATHENAPowerLink® NAWBO® Delaware Valley Program**

**1231 Highland Avenue**

**Fort Washington, PA 19034**

**Phone: 215-628-3875**

**Please include the following with your application:**

- **Nonrefundable application fee of \$100 payable to ATHENAPowerLink® NAWBO® Delaware Valley (will be applied to Program Fee\* if accepted)**
- **Financials for the most recent three years (P&L, Balance Sheet and Statement of Cash Flows) with the application. Financials must be submitted before the application will be considered.**
- **Financial projections (if available)**

**\*Program fee payable to ATHENAPowerLink® NAWBO® Delaware Valley should you be accepted to receive an ATHENA Advisory Panel:**

- **\$600 for applicants with less than \$500,000 in annual revenue**
- **\$1000 for applicants of between \$500,000 and \$1 million**
- **\$1500 for applicants over \$1 million**