



Mentee Application



1. Name: _____

2. Name of Business: _____

Business Type (Industry): _____

3. Business Address: _____

4. Business Phone: _____ E-mail Address: _____

5. Number of years you have been a CEO/Owners: _____

6. Number of employees in your business: _____

7. Please list the top three problems you need to solve in your business:

8. What type of person or entrepreneur would you want to have for a mentor?

9. The expectations of this program are that: (1) any information that you learn about the mentor will remain in absolute confidence, and (2) you are willing to meet at least once a month with the mentor.

I agree with the aforementioned section 9. _____

Signature

AFTER COMPLETING APPLICATION PLEASE FAX TO (850)644-5950

**This Mentor Program is sponsored by the Greater Tallahassee Chamber of Commerce
and the Jim Moran Institute for Global Entrepreneurship**

*For more information contact Jerry Osteryoung, Jim Moran Institute for Global Entrepreneurship,
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