

2011 MENTEE APPLICATION FORM

APPLICATIONS ARE DUE AUGUST 1ST, 2011 TO BE CONSIDERED FOR THE 2011 CLASS.

GUIDELINES:

- ◆ Own a majority of the business and operate as the sole Ultimate Decision Maker of the business for a minimum of 3 years
- ◆ Business must generate annual revenues over \$1 million
- ◆ Business must have a minimum of 5 full-time employees
- ◆ Applicant should have a desire to substantially grow the business
- ◆ Applicant displays internal and external integrity
- ◆ Willing to invest the time to meet a mentor a minimum of 2 times per month and attend 75% of events

Note: Only one Mentee (the Ultimate Decision Maker) per company may be accepted into HEMP.

ANNUAL FEE NOTICE: Accepted Mentees will commit to a 3-year program with an annual fee of \$3,000.

Note: As part of our application process, we require an accrual copy of your balance sheets, as well as financial statements and tax returns, from the past 3 years. These documents are to be provided in a separate, sealed envelope for a confidential review. No applications will be considered without this information.

Name: _____

Title: _____

Name of Business: _____

Type of Business: _____ Industry: _____

Business Address: _____

Business Phone: _____

Cell Phone: _____

FAX: _____

E-mail: _____

Web Site: _____

HELZBERG ENTREPRENEURIAL MENTORING PROGRAM

2000 Baltimore Avenue, Suite 200 – Kansas City, MO 64108

How did you hear about HEMP? _____

Number of Years in Business: _____ Fiscal Year End: _____

Are you the founder of the business?

Yes No

If not the founder, how did you enter the business?

Purchase Family Other: _____

If not the founder, what year did you enter the business? _____

Number of employees currently:

Full-Time: _____ Part-Time: _____ Contractors: _____ TOTAL: _____

| | ANNUAL REVENUE | # OF EMPLOYEES | % REVENUE GROWTH <small>100 x (rev. current year – rev. previous year) / rev. previous year</small> | % PROFITABILITY GROWTH | % EQUITY IN COMPANY |
|-----------|----------------|----------------|--|------------------------|---------------------|
| 2009 | | | | | |
| 2010* | | | | | |
| Est. 2011 | | | | | |

**Note: The \$1 million revenue guideline is based on the last full year (2010).*

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In 2010, was your business profitable? Yes No

Is your business currently profitable? Yes No

Any specific comments relating to revenue and profitability growth? _____

Do you take an annual salary? Yes \$ _____ No

Do you have a Board of Directors? Yes No Explain: _____

Do you have an Advisory Board? Yes No Explain: _____

What are the three greatest mistakes you have already made in growing your business and what did you learn from your mistakes? *(May be answered on separate page)*

1. _____
2. _____
3. _____

"Lessons Learned": _____

What is your largest success in growing your business and how has this changed the way that you lead the company? *(May be answered on separate page)*

As a leader of a business, in what areas do you need the most help to move the business forward? *(May be answered on separate page)*

Why do you like to be involved with an organization such as HEMP? *(May be answered on separate page)*

Please indicate whether the following are a strength (denote by "S"), an aspect of the business that you need help with (denote by "N"), an area that you are comfortable with that is not necessarily a strength or a need (denote by "C"), or not applicable (denote by "NA"). This information will be one component considered in matching you with a business mentor.

- | | |
|--|------------------------------------|
| _____ Marketing and Advertising | _____ Operations and Production |
| _____ Accounting and Financial Management | _____ Management and Leadership |
| _____ Personnel and Staffing Issues | _____ Business Expansion |
| _____ Developing/Modifying a Business Plan | _____ Strategic Planning |
| _____ Managing Inventory | _____ Other aspects requiring help |
| _____ Business Structure and Organization | (specify) |

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SIGNATURE

I understand that my mentor is volunteering time to help advance area entrepreneurial businesses. I fully understand that it is my sole responsibility to decide what to do or not do with any advice or suggestions I may receive from my mentor and/or other HEMP program participants, mentors, mentees, administrators, or Board members. Execution of any such advice or suggestions is my sole responsibility. I further understand that neither HEMP nor my mentor is responsible for the success or failure of any items or ideas which we discuss. I further understand that, if I am selected for participation as a mentee, HEMP reserves all rights to terminate my participation in the HEMP program at any time after acceptance at HEMP's sole discretion, and that I have no legal or equitable right to remain in the HEMP program if my participation is terminated by HEMP at any time. Similarly, I understand that I can terminate my participation in HEMP at any time.

All information submitted on or with this application is true, complete and valid to the best of my knowledge and belief.

Signed

Date

Print Name

BUSINESS OWNERSHIP INFORMATION WORKSHEET OF PRIMARY BUSINESS OWNERS

| | NAME | TITLE | % OF OWNERSHIP |
|----|------|-------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Are you the Ultimate Decision Maker of the business? Yes No

How many years have you been the Ultimate Decision Maker? _____ Years

BUSINESS REFERENCES WORKSHEET

(Please list your attorney, banker and accountant in addition to two business references, two suppliers and two customers we may contact.)

| | |
|---------------------------|----------------------------|
| Accountant | Contact Information |
| Firm: _____ | Phone: _____ |
| Contact Name: _____ | Email: _____ |
| Attorney | Contact Information |
| Firm: _____ | Phone: _____ |
| Contact Name: _____ | Email: _____ |
| Bank | Contact Information |
| Bank: _____ | Phone: _____ |
| Contact Name: _____ | Email: _____ |
| Business Reference | Contact Information |
| Business: _____ | Phone: _____ |
| Contact Name: _____ | Email: _____ |
| Business Reference | Contact Information |
| Business: _____ | Phone: _____ |
| Contact Name: _____ | Email: _____ |
| Customer | Contact Information |
| Business: _____ | Phone: _____ |
| Contact Name: _____ | Email: _____ |
| Customer | Contact Information |
| Business: _____ | Phone: _____ |
| Contact Name: _____ | Email: _____ |
| Supplier | Contact Information |
| Business: _____ | Phone: _____ |
| Contact Name: _____ | Email: _____ |
| Supplier | Contact Information |
| Business: _____ | Phone: _____ |
| Contact Name: _____ | Email: _____ |

APPLICATION CHECKLIST

ALL INFORMATION MUST BE COMPLETE FOR THE APPLICATION TO BE CONSIDERED.

PLEASE PROVIDE AN ORIGINAL AND **15 COPIES OF EACH**:

- Cover letter describing any past or current mentor or mentee relationships, why you are interested in participating in HEMP, and what you hope to gain from participating in a matched mentoring program.
- Completed 2011 Mentee Application Form
- Business owner's names and % of ownership (See Page 4 of application)
- Business references including your attorney, banker, and accountant plus two other references along with two suppliers and two customers. Include company name, contact name, address, telephone, and fax numbers. (See Page 5 of application)
- Business organization chart
- Personal biography (may include a resume if desired)
- Description of your business including:
 - What your company does
 - Your role in the business
 - Distinguishing factors making your business unique in the industry
 - Any awards or recognition received

IN ADDITION, PLEASE PROVIDE ONLY THE **ORIGINAL** OF THE FOLLOWING:

- Three release forms provided with application: General Release, Release of Information Authorization and Release of Application Information.
- Completed Human Factors in 4 Dimensions (HF4D) profile provided with application.
- \$150 application, background and HF4D profile processing fee. (Please make checks payable to HEMP.)
This fee is waived if you were a candidate for the Greater Kansas City Chamber of Commerce 2011 Small Business of the Year Award, in which case you must provide documentation.
- Digital Photograph - VOLUNTARY WITH APPLICATION
Send to Christina at christina@helzbergmentoring.org
Digital photograph will be required upon acceptance into the program.