


# Women's Business Partners Protégé Application

	FIRST NAME
	LAST NAME
	BUSINESS NAME
	MAIL ADDRESS
	CITY, STATE, ZIP
	TELEPHONE
	CELL PHONE
	FAX
	EMAIL
	TYPE OF BUSINESS



CHARACTERISTICS OF MY DESIRED MENTOR: \_\_\_\_\_  
 \_\_\_\_\_

BEST TIME FOR ME TO MEET WITH MY PROTEGE GROUP (day of week & preferred hour of day) \_\_\_\_\_

SKILLS, COMPETENCIES, EXPERIENCES I WOULD LIKE TO DEVELOP: (Please indicate your priorities by numbering 1, 2, 3 etc)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Marketing       | <input type="checkbox"/> Insurance     | <input type="checkbox"/> Retail             | <input type="checkbox"/> Expanding my Business        |
| <input type="checkbox"/> Sales/Selling   | <input type="checkbox"/> Finances/Loan | <input type="checkbox"/> Industry Knowledge | <input type="checkbox"/> Pricing Products or Services |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Credit Repair | <input type="checkbox"/> Business Planning  | <input type="checkbox"/> Technology Development       |
| <input type="checkbox"/> Accounting      | <input type="checkbox"/> Cash Flow     | <input type="checkbox"/> Time Management    | <input type="checkbox"/> Community Resources          |
| <input type="checkbox"/> Other _____     |  |   |   |

WHAT ARE YOUR BUSINESS GOALS FOR THE NEXT YEAR? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WHAT IS YOUR BUSINESS MISSION? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WHAT ARE YOUR WEAKNESSES? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WHAT ARE YOUR STRENGTHS? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_