



**ENTREPRENEURSHIP**  
**ADVANTAGE, INC.**  
TRAINING, CONSULTING, EMPOWERMENT & BEYOND

## EA -3000 Strategic Growing Planning Series Application Form

Application Date: \_\_\_\_\_

Course Start Date: \_\_\_\_\_

Referral Source: Career Center { } \_\_\_\_\_ EA Graduate { } Name \_\_\_\_\_  
Website: { } Other: { }, please specify \_\_\_\_\_

### Part I: Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Part II: Business Information

1) Business Name \_\_\_\_\_

2) Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Years in Business \_\_\_\_\_

4) Number of Employees \_\_\_\_\_

5) Annual Revenues \_\_\_\_\_

6) Describe the business \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) What are your major challenges?

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**Part III: Business Owner Expectations**

8) Why do you want to take this course?

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