



MANITOBA MARKETING NETWORK

Business Mentoring Program Application

The Manitoba Marketing Network Business Mentoring Program provides an opportunity for entrepreneurs to seek guidance from experienced individuals from the business community on the many facets of business; including finance, business start-up, business growth, sales, human resource management, financial management and business networking. The mentoring process can cover a period from one to twelve months. Applications must be submitted by the following dates to participate in the next intake session:

October 28, 2011
November 25, 2011
December 16, 2011
February 3, 2011

March 2, 2012
April 6, 2012
May 4, 2012

Applicants:

- Must be a Canadian citizen or have received landed immigrant status.
- Where more than one business partner or investor is involved, the principal applicant to the program must be significantly involved in the management of the business. The principal applicant must meet all eligibility criteria.
- Approved applicants must be working at the business on a full-time basis

Businesses:

- Must be in operation on a full-time basis.
- Must be year-round and permanent in nature.
- Must provide the principal applicant with full-time self-employment and be the principal applicant's primary source of income.
- Must be operated in Manitoba.
- Must be reputable and appropriate in nature.

Send completed application package by mail, fax or email:

Attn: Business Mentoring Committee
Manitoba Marketing Network
250-240 Graham Avenue
P.O. Box 2609
Winnipeg, Manitoba
R3C 0J7

Fax: (204) 983-3852
Email: info@manitobamarketingnetwork.ca

Once your application is received, you will be contacted by the Mentoring Committee to discuss your mentoring needs.

For Office Use Only
Intake Session: _____
Application #: _____

**Manitoba Marketing Network
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Name of Applicant: _____ Home Telephone #: _____
Address: _____ City: _____
Postal Code: _____ E-mail: _____
Business Name: _____ Business Telephone #: _____
Business Address: _____ City: _____
Postal Code: _____ E-mail: _____
Date the business commenced operations: _____

- 1. Are you currently in operation? Yes No
- 2. How many employees are currently employed by the business? _____
- 3. What are the estimated yearly revenues of the business? \$ _____
- 4. Check the space which best describes the business.
 Retailer Wholesaler Manufacturer
 Professional Service Business

5. List/ describe your product(s) service(s):

6. Do you have a business plan? Yes No

