

ASHEVILLE-BUNCOMBE TECHNICAL COMMUNITY COLLEGE

Student Business Incubator Program Application
Check Website for Important Dates and Deadlines at
<http://www.abtech.edu/sbi>

For applicants with more than one member, please complete **SECTIONS I AND II** for each member.
Please return to Duane Adams, Associate Director, A-B Tech SBC (see contact info below).

SECTION I

Name: _____

Current Email (PLEASE CHECK REGULARLY): _____

Home Phone: _____ Cell Phone: _____

A-B Tech Student ID #: _____ Cumulative GPA: _____

Local Address: _____

City, State, Zip: _____

Date of Birth: _____ Gender: _____

Last four digits of social security #: _____

Race: White Hispanic/ Latino Asian/Pacific Islander
 Black American Indian Other /Unknown

Proposed Name of Business: _____

Brief Description of Business: _____

Do you know someone who has applied for this program? If so, who? _____

How did you hear about the Student Business Incubator? _____

What do you to hope to gain if accepted into the program? _____

Who will be legally responsible for the lease if one is ratified? _____

(Must be 18 or have legal guardian sign lease agreement)

Please select the appropriate phase of your business

- I already have a business
Length of time in business: _____
- I am in the process of starting a business
- I have an idea for a business

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SECTION II

The Student Business Incubator program is open to any current A-B Tech student who is enrolled in a minimum of six semester hours. Students **MUST MAINTAIN** this status throughout the entire application process and if selected, must maintain this minimum semester hour status throughout the program.

Academic or Certificate Program: _____

Major: _____

Graduation/Certificate Completion Date: _____

Previous Degrees Received: _____

PLEASE ATTACH A COPY OF YOUR CURRENT ACADEMIC SCHEDULE

PLEASE INCLUDE A LETTER OF SUPPORT FROM A NON-FAMILY MEMBER ADDRESSING YOUR APPLICATION TO THE STUDENT BUSINESS INCUBATOR PROGRAM.

SECTION III

Executive Summary

Please provide a brief summary of your business in paragraph format and include answers to the following questions (2 page limit).

Product/Service

1. What are you going to sell?
2. What need are you fulfilling?
3. If a product, how will you manufacture?
4. To whom will you sell your product or service?
5. How much will you charge and why?

Industry/Market

1. Describe the industry/market.
2. Who are your competitors?
3. How will you compete?

Distribution/Marketing

1. How will you distribute your product/service to your customers?
2. How will you differentiate your product/service from your competitors?
3. How will you promote your product/service?

Finance/Management

1. How will your business venture be funded?
2. How many employees will be on-site initially?
3. Projected number of employees to be on-site at the end of the first year?
4. How will your business be structured (i.e. sole proprietor, partnership, corporation)?
5. Do you have any particular expertise/training/education that is relevant to your proposed business?

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Personal

1. Why do you want to own your business?
2. What are your goals for the company in the first year and in the fifth year?
3. Why have you chosen this particular product/service?
4. What personal attributes do you possess which will help you be a successful entrepreneur?
5. How will your business impact the community?
6. Define your reason for applying to this program and what you hope to receive?
7. Biggest challenge you have faced when thinking of starting your own business?
8. What do you plan to accomplish during the first semester if accepted into the student incubator program?

SECTION IV

Submission of this application is only to allow the Student Business Incubator Program to consider extending services to the listed applicant. In no way does this issuance of an application guarantee that such services will be extended and/or ratified. Data may be extracted for statistical compilation purposes. The Student Business Incubator Program Selection Committee will make the final determination on applications admitted to this program.

I understand that if I am selected to participate in the Student Business Incubator program, there are several instances during the course of the year which may require my participation. These instances are inclusive of a mandatory orientation, mandatory group and individual meetings, and homework assignments.

*I, the undersigned, hereby grant Asheville-Buncombe Technical Community College and its photographer the permission to take photographs of and/or videotape me and/or my children. I also give the College permission to put the finished photographs and/or videotape to any legitimate use it may deem proper including, but not limited to, advertising, College publications and the College web site. Further, I relinquish and give to the College any right, title, or interest I may have in the finished photograph, videotape, negatives, reproductions, and copies of the original prints, videotapes, and negatives; and grant it the right to give, sell, transfer, and exhibit the negatives, original prints, videotapes, or copies and facsimiles thereof to any responsible individual, business firm, or publication, or to any of their assignees for any legitimate purpose as they see fit. *Guardian's signature is required if model is under 18.*

I have completed this application in its entirety and certify to its accuracy and release this information to the Student Business Incubator Program which is managed by the A-B Tech Small Business Center.

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

(if under 18, legal guardian must also sign and print name below)

Print Name: _____

Please return the completed application package to:

Duane Adams
Small Business Center
1465 Sand Hill Road, Suite 1060
Candler, NC 28715
duanecadams@abtech.edu
828.398.7957 (phone)
828.418.1002 (fax)