

# VETBIZ ACTIVATE APPLICATION



CONTACT INFORMATION

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DATE

mm/dd/yyyy

FIRST NAME

MIDDLE INITIAL

LAST NAME

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MAILING ADDRESS

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CITY OF RESIDENCE

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STATE

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ZIP CODE

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PHONE NUMBER

(xxx)xxx-xxxxx

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EMAIL ADDRESS

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BRANCH OF SERVICE (OR MILITARY SPOUSE)

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HAVE YOU EVER OPERATED A BUSINESS? (Y/N)

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DO YOU CURRENTLY OPERATE A BUSINESS? (Y/N)

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IF YES, NAME OF BUSINESS

What are your expectations for annual income (salary you pay yourself, profits, or other funds that are used for household expenses) from your business that you will be able to take next year?

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What prerequisite have you completed prior to the VetBiz Activate start date? (Boots to Business, Reboot, or fully filled out Edward Lowe Business Idea Quiz)

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What is your highest priority for assistance currently in your entrepreneurial journey?

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**FOLLOW-UP SURVEYS AND RELEASE OF INFORMATION**

I agree that all the information in this application is true to the best of my knowledge. If selected to participate in VetBiz Activate, I authorize the ongoing sharing of information with VetBiz, including this report and any future progress, attendance, and/or termination. I understand all information will be kept confidential and only used in a collective form.

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Signature

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Date (mm/dd/yyyy)