

# Innovation Accelerator for Veterans

## Application

FVTC Innovation Accelerator Program for Veterans Application Must be complete

### Personal Information

Name (Full): \_\_\_\_\_ Male  Female

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ FVTC Student ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

County : \_\_\_\_\_ Phone Number: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_ Email address: \_\_\_\_\_

### Military Background

Branch: \_\_\_\_\_ Years Served: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Character of Discharge: \_\_\_\_\_

FVTC Student?  Yes  No

*Note that preference will be given to FVTC student Veterans currently enrolled.*

### Business Information

Business Name \_\_\_\_\_

Business Website \_\_\_\_\_

Business Status:  Nascent (Not yet started)  Startup  Established

NAICS (If known) \_\_\_\_\_

*If you indicated that you are in business (startup or established) all the information below is required.*

*If you selected Nascent (Not yet started) you can move on to the next page.*

Business Organization  Sole Proprietorship  Corporation  Partnership  S Corporation

Number of Employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Female Ownership (0-100%): \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Annual Sales: \$ \_\_\_\_\_ Annual P/L \$ (Profit/Loss): \_\_\_\_\_



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## Business Plan/Idea

*Please list information as it relates to your experience and history with business, developing a business plan, or any training/education already completed (use separate sheet if needed):*

1. What is your business idea?
2. What problem will your idea solve, what need will it meet, or what want will it satisfy?
3. Who is the customer to whom you are selling?
4. What makes you think you will be successful? (Background experience, skills, and interest)

## Goals and Challenges

5. When do you want to launch your business or how do you plan to grow your business?
6. What challenges do you face in realizing your goal to launch or grow a business?
7. What funding resource(s) do you have currently?
8. Are you willing to seek out assistance in times of struggle?
9. Have you ever completed a Veteran-specific entrepreneur program? If yes, when and where?
10. Are you able to maintain your program requirements while enrolled in the Innovation Accelerator Program?  
 Yes  No  
Insert Comments Here:

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## Participation in the Innovator Accelerator Program requires the following commitments:

- Upon notification of acceptance into the Innovator Accelerator Program, you will be enrolled in the three-day Pro-Seed Business Model Design Workshop – Veteran’s Edition (**PHASE ONE**) and the 10-week, 30-hour, E-seed Express Entrepreneurship Program (**PHASE TWO**).
  - The Innovation Accelerator Program will be held at the FVTC D.J. Bordini Center in Appleton.
  - **PHASE TWO**, E-seed Express, will be held from 5:30 PM – 8:30 PM on Monday evenings.
- Attendance at business and community networking events for entrepreneurs and small business owners in the Fox Valley area while attending the program; gas cards will be provided to offset transportation costs; some events may be held during weekdays.
- You will present your business idea at 1 Million Cups, Appleton. 1 Million Cups is held each Wednesday from 9:00 am - 10:00 am at the FVTC D.J. Bordini Center in room 172.

## Terms and Conditions

The Applicant:

1. Certifies to the best of your knowledge/belief, the information being submitted on this grant application is true and correct.
2. Understands that approval in the FVTC Innovation Accelerator Program is a competitive process and that not all applications are selected to participate.
3. Agrees to release a copy of the Business Plan to be funded by this application to FVTC.

I agree to these terms:       Yes       No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*The Fox Valley Technical College Innovation Accelerator Program for Veterans is sponsored by a generous grant from the Wisconsin Department of Veterans Affairs.*

