



# BUSINESS SCHOOL ENROLLMENT APPLICATION

**Name:** \_\_\_\_\_

**Business Entity:** \_\_\_\_\_

**Business Entity Type:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Eve:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

Best means of communication:     Email     Phone     Either     Other: \_\_\_\_\_

Business Start date: \_\_\_\_\_                      Year End: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

Do you currently have a website? If so, what is the URL? \_\_\_\_\_

Time Zone: \_\_\_\_\_

**How many clients do you have?** \_\_\_\_\_

**What was your gross revenues last year?** \_\_\_\_\_

**What is your projected income goal for the next 6 months?** \_\_\_\_\_

**What is your projected income goal for the next 1 year?** \_\_\_\_\_



**Briefly describe your company and the products or services you provide. Include the status of your business as it is right now. (ie. successes, revenue streams, marketing plans, team size)**

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**What aspects of your business are the biggest challenges? What would be your ultimate goal for each?**

Getting Started: \_\_\_\_\_

Mindset: \_\_\_\_\_

Strategy: \_\_\_\_\_

Financial Management: \_\_\_\_\_

Getting Clients: \_\_\_\_\_

Client Retention: \_\_\_\_\_

Other: \_\_\_\_\_

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**What has motivated you to enroll in this type of program?**

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**List 3-5 top goals that you would like to accomplish over the next 12 months.**

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**What challenges would you like to focus on during the program?**

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**Are you ready to make the time and financial commitment necessary to succeed?**

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**When you make decisions, do you**

- Make them quickly
- Analyze pros/cons and then decide
- Think about it
- Analyze for months before making a commitment

**What is the ultimate goal you expect from this program?**

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**Please rank the following by priority (1 being top priority).**

Business	1	2	3	4	5	6	7	8
Finance	1	2	3	4	5	6	7	8
Family	1	2	3	4	5	6	7	8
Health/Fitness	1	2	3	4	5	6	7	8
Spiritual	1	2	3	4	5	6	7	8
Recreation/Fun	1	2	3	4	5	6	7	8
Social	1	2	3	4	5	6	7	8
Personal Time	1	2	3	4	5	6	7	8

**How did you hear about Sherrell T Martin and Empower 2 Thrive, LLC?**

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**What else would you like us to know?** \_\_\_\_\_

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**By checking this box, I understand that submitting this application does not guarantee acceptance into the program. I also understand that I am agreeing to receive future communication from Empower 2 Thrive, LLC and its subsidiaries.**

