ENTREPRENEURIAL LEADERS PROGRAMME 2021

REQUEST FOR INFORMATION

**Name:** Click here to enter text. **Address:** Click here to enter text.

**Off / Cell:** Click here to enter text. **Email:** Click here to enter text.

**Number of Years as Entrepreneur:** Click here to enter text.

**Citizenship:** Click here to enter text.

**Where or from whom did you hear about the Entrepreneurial Leaders Institute?** Click here to enter text.

Post-secondary education/training (as applicable, for each institution):

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Institution #1 | **Institution #2** | **Institution #3** |
| Name of Institution(i.e. McGill) |  |  |  |
| Program(i.e. Business) |  |  |  |
| Degree/ Certificate(i.e. Bachelor of Business Administration) |  |  |  |
| Years Attended(i.e.2000 – 2004) |  |  |  |

**CHURCH INVOLVEMENT**

Describe some of your most significant involvements in church and/or nonprofit organizations.

Click here to enter text.

**COMPANY INVOLVEMENT**

|  |  |  |
| --- | --- | --- |
| Description | Company #1 | **Company #2** |
| Dates of Involvement |  |  |
| Title |  |  |
| Name of Company |  |  |
| %age ownership |  |  |
| Web site |  |  |
| Location(s) |  |  |
| # of Employees |  |  |
| Product/ Service |  |  |
| Industry |  |  |
| Revenue (range) |  |  |
| Description | Company #3 | **Company #4** |
| Dates |  |  |
| Title |  |  |
| Name of Company |  |  |
| %age ownership |  |  |
| Web site |  |  |
| Location(s) |  |  |
| # of Employees |  |  |
| Product/ Service |  |  |
| Industry |  |  |
| Revenue (range) |  |  |
| Public / Private |  |  |

**NEXT STEP:**

Once completed, please submit this Request For Information to ELO via Tessa@ELONetwork.org. Thank you for your interest in the Entrepreneurial Leaders Institute.