



*Guiding businesses to sustained growth.
Strengthening communities.™*

Application for Program

| | | | |
|---|----------------|---------------------|-------------|
| BUSINESS NAME: | | | |
| BUSINESS ADDRESS: | Street: | | |
| | City: | State: | Zip: |
| Primary Contact | PHONE: | EMAIL: | |
| WEBSITE URL: | | YEAR FORMED: | |
| FORM OF BUSINESS (Corporation, LLC, etc.): | | | |

Please provide contact information for all company representatives who will participate in Newspring Edge. (If more than three, add more pages)

| | |
|------------------------------|---------------|
| NAME: | |
| POSITION IN BUSINESS: | |
| PHONE: | EMAIL: |

| | |
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| NAME: | |
| POSITION IN BUSINESS: | |
| PHONE: | EMAIL: |

| | |
|------------------------------|---------------|
| NAME: | |
| POSITION IN BUSINESS: | |
| PHONE: | EMAIL: |

Information Needed to Assess Readiness for Program:

| | YES | NO |
|--|-----|----|
| Have you completed the Goldman Sachs Program, Newspring HCC Business Plan Competition, or any other business plan competition? | | |
| Any current outstanding litigation, administrative proceedings, or adverse credit reports? | | |
| Willing to undergo a criminal background check? | | |
| Willing/able to afford the \$1200 fee for one year program? | | |
| Willing/able to meet the Newspring Edge participant obligations*? | | |
| Are you current on all state and federal tax filings? | | |

*Attend six 3-hour training sessions, participate in regular in-person meetings with advisors, conduct regular goal setting and progress assessments, and prepare a year-end analysis of the program.

Please attach the following documents to this application:

1. An “elevator speech” describing your business.
2. The most recent fiscal year-end operating statement and year-end balance sheet
3. A listing of current investors/bank lenders
4. Detailed explanation of equity positions / liabilities related to investments and loans from investors
5. If you selected yes regarding outstanding litigation, administrative proceedings, or adverse credit reports, please provide a copy or an explanation.
6. A statement of what tangible goal(s) you would like to accomplish in this one-year program?

APPLICANT’S SIGNATURE: _____

APPLICANT’S NAME: _____

Title: _____

DATE: _____

Submit application to:

| | |
|---|---|
| Angela Cheves Newspring Business Edge 8945 Long Point Rd., Suite 100 Houston, TX 77055 | Or Email application to: angelacheves@newspringcenter.org |
|---|---|

You will be notified of your acceptance or non-acceptance into the program. All information submitted will be kept confidential.

Thank you for your interest in Newspring Business Edge.