



# Entrepreneurship Fellowship

## Personal Information

Name (First and last): \_\_\_\_\_ Student ID: \_\_\_\_\_

Email (@iwu.edu): \_\_\_\_\_@iwu.edu Local phone: \_\_\_\_\_

Local Address (Hall, House, or Off-Campus): \_\_\_\_\_

## Academic Information

Class year:  First year  Sophomore  Junior  Senior Current Overall GPA: \_\_\_\_\_

Major 1: \_\_\_\_\_ Major 2: \_\_\_\_\_

Minor 1: \_\_\_\_\_ Minor 2: \_\_\_\_\_

## Program Information

Please respond to the following in no more than 750 words:

- A project title
- An outline of your proposed business idea including:
  - o Proposed industry and target market
  - o Product/service desirability (how customer will be impacted by this product/service)
- What (if anything) has already been done to progress your idea (list of milestones)
  - o What you think still needs to be done in order to bring your idea to market
  - o Which of these items do you plan to complete during the fellowship
- A statement of why participation in this program would be of particular benefit to your long-term career plans
- A candid evaluation of the proposed project and its feasibility within the stated time frame
- A detailed budget describing how the funds will be specifically used (maximum amount: \$5,000)

## Deadlines

Application for Round 1: October 9th

Application for Round 2: February 26th

All materials will be due to the Associate Provost's Office by 4:00pm on the day of the deadline: Holmes 211 or pneustel@iwu.edu.

Questions? Contact Tara Gerstner at gerstner@iwu.edu, Dave Marvin at dmarvin@iwu.edu, Bruno deHarak at bdeharak@iwu.edu or Deborah Halperin at dhalperi@iwu.edu.

## Confirmation of Conditions of the Grant and Authorization for Release of Academic and Personal Information

In applying for this grant, I agree to the following stipulations:

1. I certify that all the information reported in my application materials for the IWU Entrepreneurial Fellowship is true and complete to the best of my knowledge. I certify that the business idea I have submitted is my own original idea or that of a team of which I am a member.

2. If I am selected as an award recipient, I authorize the release of my personal information for the purposes of publicity and recognition. I also commit to share my experience with the IWU community during the semester following the award, even if I am no longer an IWU student.

My signature below confirms my understanding and acceptance of the above stipulations.

Name (print)

Signature

Date