



SOCIAL ENTERPRISE ACADEMY APPLICATION

Organization: _____

Executive Director: _____

Project Director, if different: _____

Title: _____

Mailing Address: _____

Office Phone: _____ Mobile: _____

Email Address: _____

My signature below indicates our organization's commitment to and understanding of the following program requirements:

- ❖ Phase I: Workshop Series, Business Feasibility Planning
A team of three to five people from my organization will participate in the workshop series, feasibility plan development work, investing 6-8 hours each per month;
- ❖ Phase II: Social Enterprise Showcase
Drawing on coaching from ASE business mentors, the team will create a presentation which describes the venture in terms that make it attractive to potential investors;
- ❖ Providing financial and program information to enable sponsors to track the short and long term impact of participating in the Academy for at least three years.

Authorized Signatory Name: (please print)	
Authorized Signatory Title:	
Signature:	
Date:	

Please provide the following organizational and financial information for the past 3 years:

4. Does your organization have a social enterprise business or activity? Y N
- a. If yes, describe the business service(s) or product(s) and the current status (in development, active, for how many years, profit-generating, etc). What was the total earned income for the social enterprise activity/ies for the most recent fiscal year? What was the total operating cost? (maximum 200 words)
- b. If no, what, if any, ideas do you have for creating one? (200 words)
5. Please provide a brief explanation of why you and your organization would like to participate in this Academy and why you believe that this is a good time for you to participate. (maximum 150 words)
6. How much interest and enthusiasm is there among your Board/staff for exploring the development of social enterprise strategies? (maximum 150 words)
7. What metrics do you use to track the impact of your current programs? What systems do you use to track this information? (maximum 200 words)
8. How did you learn about the Academy?

SOCIAL ENTERPRISE ACADEMY TEAM

Please list the three to five members of your leadership and/or staff who will actively participate in all sessions of the Social Enterprise Academy Workshop Series and Showcase. Please include name, title/role, and how long they have been with your organization.

Primary Contact/ Team Leader: _____

Title/Primary Function (at this Organization): _____

Primary phone number: _____

Primary email address _____

Length of time at organization: _____

(2) Name: _____

Title/Primary Function (at this Organization): _____

Length of time at organization: _____

(3) Name: _____

Title/Primary Function (at this Organization): _____

Length of time at organization: _____

(4) Name: _____

Title/Primary Function (at this Organization): _____

Length of time at organization: _____

QUESTIONS?

Betsy Densmore, 949-500-2381

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