

ENTREPRENEURIAL LEADERS PROGRAMME 2019

REQUEST FOR INFORMATION

Name: _____

Address: _____

Off / Cell: _____ Email: _____

Number of Years as Entrepreneur: _____ Citizenship: _____

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.

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		

Once completed, return this form to Dr. Richard (Rick) J. Goossen:

E: Rick@ELONetwork.org