

# APPLICATION.

## BRIDGEWAY CAPITAL MINORITY-OWNED BUSINESS ACCELERATOR

Your Name

Name of Business

### STAGE OF BUSINESS

What stage is your business in? (Check one.)

Idea and Research

Written Business Plan  
with Financial Projections

Operating Business  
with Revenue

### BUSINESS INFORMATION

What type of business do you own? What products or services do you sell?

If you already have revenue, how much are your annual sales?

If you have employees, how many (do not count yourself)?

### ACCELERATOR PARTICIPATION

Are you prepared to attend and engage in 4 half-day workshops and multiple 1-2 hour networking events over the next 9 months?

Yes

No

Why do you want to participate in the Accelerator? What are your business goals?

## CONTACT INFORMATION

Phone Number

Email Address

Business Address

## DEMOGRAPHIC INFORMATION

*The information below is not required but will assist us in evaluating our programs and reporting to our government and private funding sources and sponsors. We appreciate your voluntary response.*

Owner #1 Name

% of Business Owned

Gender

Female  Male

Which categories describe the owner?  
(Select all that apply)

American Indian or Alaska Native  Asian  
 Black or African American  Hispanic, Latino, or Spanish origin  
 Middle Eastern or North African  Native Hawaiian or Other Pacific Islander  
 White  Some other race, ethnicity, or origin

Owner #2 (if applicable)

% of Business Owned

Gender

Female  Male

Which categories describe the owner?  
(Select all that apply)

American Indian or Alaska Native  Asian  
 Black or African American  Hispanic, Latino, or Spanish origin  
 Middle Eastern or North African  Native Hawaiian or Other Pacific Islander  
 White  Some other race, ethnicity, or origin

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sign, scan, and email to Blair Schoenborn, [bschoenborn@bridgewaycapital.org](mailto:bschoenborn@bridgewaycapital.org)  
Or mail to: Bridgeway Capital, 707 Grant St., Suite 1920, Pittsburgh, PA 15219**