





**4. Describe your potential customers, market (wholesale/retail), market demographics:**


**5. Please describe the market viability (outlook/potential) for your product or service, and attach any supporting evidence you have such as newspaper/magazine/trade journal articles etc. and/or statistics.**


<b>RESEARCH SOURCES (check resources used to support viability of business)</b>		
Networking	<input type="checkbox"/> Career Exploration Workshop	<input type="checkbox"/> Mass Service Directory
<input type="checkbox"/> Informational Interviews	<input type="checkbox"/> Industry Briefing	<input type="checkbox"/> Mass Directory of Manufacturers
<input type="checkbox"/> Job Developer/Account Rep	<input type="checkbox"/> Training Vendor	<input type="checkbox"/> Dictionary of Occupational Titles
<input type="checkbox"/> Career Services Specialist	<input type="checkbox"/> Prior Industry Experience	<input type="checkbox"/> Occupational Outlook Handbook
<input type="checkbox"/> Career Information System	<input type="checkbox"/> Regional Job Placement Data	<input type="checkbox"/> REB Blueprints
<input type="checkbox"/> Newspaper	<input type="checkbox"/> On-line Database	<input type="checkbox"/> Other: <u>Trade associations</u>





**11. What is your strategy for obtaining the necessary funds?**


**12. What are your personal financial needs for the first year of the business?**


**13. How do you intend to meet your personal AND business obligations during the business start-up phase, including participation in this program?**


**14. How do you think your skills and background will contribute to the success of your new venture, including skills gained through hobbies, community service, or volunteer work?**


**15. What skills/knowledge do you need from this training, which you are currently lacking, in order to make your business successful?**


**16. Other information (if any) you think would be helpful in evaluating your application:**


Please complete this application and return as soon as possible to Paula Mannillo, Jewish Vocational Services, 29 Winter St. 5th Floor, Boston, MA 02111, or via FAX to 617-423-8711, or via email to [pmannillo@jvs-boston.org](mailto:pmannillo@jvs-boston.org). Questions about this application or the program should be directed to Paula at 617-399-3308 or [pmannillo@jvs-boston.org](mailto:pmannillo@jvs-boston.org).