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| A person smiling and holding a sign  Description automatically generated | GENESIS PREFERRED  SOLUTIONS***with Dr. Cassandra Bradford*** |

# MENTORING APPLICATION

If you are an entrepreneur, author, speaker, advisor, or business owner interested in growing your business, leaving your carbon impact within your industry, and creating a product (s) that will increase revenue; however, you find yourself “stuck” or just need a little guidance from an EXPERT who has a proven track record of more than 18 years experience? Then, you’re at the right start! Let’s get “pushing”

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

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| --- |
| Business Information |

|  |  |
| --- | --- |
| Name of Business: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you certified Minority Owned? | YES[ ]  | NO[ ]  | Do you have any employees other than you? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you certified Woman Owned? | YES[ ]  | NO[ ]  | Are you Certified Veteran Owned? | YES[ ]  | NO[ ]  |

## Mentoring Specifics

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| --- |
| List the specific types of products/services you provide. |
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| List the specific types of products/services you provide. |
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## Mentoring Programs

|  |  |
| --- | --- |
|[ ]  **PRIVATE 1-ON-1 Mentoring // 6-Weeks Program*** Understand your Business
* Review your Business Model
* Identify your Target Market (s)
* Identify at least 4 streams of revenue generated income streams
* Devise a Master Strategy
* Weekly Benchmarks
 | $1600.00 |
|[ ]  **GROUP Mentoring // 6-Weeks Program*** Create Relational Currency
* Review Business Model
* Provide Group Mastermind setting
* Identify your Target Market (s)
* Weekly Benchmarks
 | $ 850.00 |
|[ ]  **PROFESSIONAL Mentoring// 6 Months Program*** Understand your Business
* Review your Business Model
* Identify your Target Market (s)
* Identify at least 4 streams of revenue generated income streams
* Devise a Master Strategy
* Weekly Benchmarks
* Private Access
* Relayed Resources through Relational Currency
 | $2400.00 |

## Terms & Conditions

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| In signing this document, I agree to meet with the appointed mentor on a regular basis; whether it be in-person, telephone, or via Zoom video chat. I acknowledge that any assistance I receive from a mentor or from any representative of Genesis Preferred Solutions is not designed to constitute business advice or guaranty business success. I understand that mentors and other representatives of Genesis Preferred Solutions cannot be held responsible for my actions following my participation in the Business Mentoring program. I understand that by registering with the Genesis Preferred Solutions, I am agreeing to provide honest and truthful information about my business and its information. I also agree to a strict confidentiality commitment while in any Group Mentoring program. I also agree to hold harmless, Genesis Preferred Solutions of any information or legal actions brought in accordance with any intellectual property that I may share of others.  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I agree to pay the necessary fees for the Mentoring Program that I have selected. I clearly understand that there is a no refund policy.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |