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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 |  |

|  |
| --- |
| 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. |
|  |

## Mentoring Programs

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| --- | --- | --- |
|  | **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: |  |