This application is to be used if you are applying to the UA I-Corps Sites Program.

Use this application to plan out your responses. Copy and submit your responses at [www.uakronuarf.com/icorpsapplication](file:///C%3A%5CUsers%5Cnmg38%5CDesktop%5CNick%5CUARF%5CiCorps%5CBlank%20Applications%5Cwww.uakronuarf.com%5Cicorpsapplication)

**1. You**

**I am a…**

[ ]  Faculty Inventor [ ]  Student Entrepreneur with my own business idea [ ]  Community(non-university) Entrepreneur

[ ]  Student Entrepreneur assisting a faculty member with their business idea [ ]  Student looking to assist a team; I don’t have my own idea

|  |  |
| --- | --- |
| **My name is…** |  |

|  |  |
| --- | --- |
| **My email is…** |  |

|  |  |
| --- | --- |
| **My phone number is…** |  |

**2. Your Team**

**I am working with \_\_\_\_\_\_\_\_\_\_\_\_\_ on this business idea.**

[ ] a faculty advisor [ ]  a graduate or undergrad student [ ]  a fellow entrepreneur [ ]  just by myself [ ]  other

|  |  |
| --- | --- |
| **(If other, please explain):** |  |

**If you are working with a faculty member, a graduate student, an undergraduate student, or a fellow entrepreneur, please list their details below:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  |  | **Email:** |  |  | **Phone:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  |  | **Email:** |  |  | **Phone:** |  |

|  |  |
| --- | --- |
| **Briefly describe the relevant experience of you team (250 words or less):** |  |

**3. Your Idea**

*(If submitting the application as a student without your own idea, please enter "n/a" in the following boxes)*

|  |  |
| --- | --- |
| **Please provide a non-technical description of your product/service idea and what value it provides** |  |

|  |  |
| --- | --- |
| **What problem does this product/service solve?** |  |

|  |  |
| --- | --- |
| **Who will buy this product/service? Be as specific as you can** |  |

|  |  |
| --- | --- |
| **How are you different from your competitors?** |  |

**4. Your Interest in I-Corps**

|  |  |
| --- | --- |
| **Why do you want to participate in I-Corps?** |  |

|  |  |
| --- | --- |
| **How did you hear about I-Corps?** |  |

**4. Your Mentor**

**Do you have a mentor who will participate in the I-Corps program with you?** [ ]  **Yes** [ ]  **No**

**If you do have a mentor already, please provide their information below:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  |  | **Email:** |  |  | **Phone:** |  |