



# MWE Mentee Application Form

## Mentee Information

<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>	
<b>Unit/Apartment #:</b> <b>City/Town:</b>	<b>Province:</b> <b>Postal Code:</b>
<b>Home Phone:</b> <b>Cell #:</b>	<b>Email:</b>
<b>MMF Citizenship #:</b>	<b>Highlight your Metis Region:</b> Winnipeg, Southeast, Southwest, Interlake, Northwest, The Pas, Thompson
<b>What is your preferred method of communication (select all that apply)?</b> Calling <input type="checkbox"/> Texting <input type="checkbox"/> Email <input type="checkbox"/> Zoom <input type="checkbox"/> In person <input type="checkbox"/> Other _____	

## Mentee Business Information

<b>Business Name:</b>	<b>Business Structure:</b> <i>If Incorporated or partnership, please indicate % of ownership.</i>
<b>Business Address: (if applicable):</b>	
<b>Unit/Apartment #:</b> <b>City/Town:</b>	<b>Province:</b> <b>Postal Code:</b>
<b>Business Phone #:</b> <b>Email:</b>	<b>Website:</b> <b>Social Media Handle(s):</b>
<b>Number of staff including yourself:</b>	
<b>Registration/Business Number (if applicable):</b>	
<b>Year the business began operations:</b>	
<b>Industry Sector (NAICS):</b> <i>Please highlight the industry your business operates in (or will soon).</i>	
Accommodation & Food Services ( <i>Tourism/ Hospitality</i> ) Agriculture, Forestry, Fishing and Hunting Arts Entertainment, Recreation, and culture Construction Educational Services / Business Support Services Finance and Insurance Governance Health Care and Social Assistance Information and Communications Technology Manufacturing Mining Quarrying and Oil & Gas Extraction Professional Scientific and Technical Services Public Administration Real Estate Retail Trade Transportation and Warehousing Utilities Waste Management and Remediation Services Wholesale Trade Other Services	

Feel free to use another document to answer the questions below if you need more space to elaborate.

1. Tell us about your business. Describe why it is innovative and/or how it meets the unique needs of your customers.
2. Why do you want to participate in the mentorship program?
3. What are your expectations of the program?
4. What are your specific financial plans for the grant money? (ex. update marketing materials, purchase equipment, etc.). How will this funding further develop your business?
5. What is the scalability of the business? How do you intend to generate revenue/income growth?
6. Describe up to three of the main challenges you faced in starting up your business. (ex. Lack of capital, no business supports available, market research, manufacturing, hiring, etc.).

## Personal Questions

1. What inspired you to pursue an entrepreneurial pathway?
2. Do you have a business role model that you look up to? Why do you look up to them?
3. What are the key personal values that you bring to your business?
4. Do you have any formal education or certifications you wish to highlight?
5. Do you have any informal education or experiences you wish to highlight?
6. What expectations do you have for your Mentor?

## Topics of Interest

Please indicate which topics you're interested in discussing with a mentor:

Taking Care of the Business		Taking Care of the Entrepreneur	
Advertising/Marketing	<input type="checkbox"/>	Barriers as a female Entrepreneur	<input type="checkbox"/>
Bookkeeping/Accounting	<input type="checkbox"/>	Barriers as an Indigenous Entrepreneur	<input type="checkbox"/>
Business Case Planning	<input type="checkbox"/>	Bias & prejudice in the workplace	<input type="checkbox"/>
Business Insurance	<input type="checkbox"/>	Burnout as an Entrepreneur	<input type="checkbox"/>
Business Legal Structures	<input type="checkbox"/>	Colonial Indigenous barriers to starting a business	<input type="checkbox"/>
Business Taxes	<input type="checkbox"/>	Environment Sustainability	<input type="checkbox"/>
Customer Acquisition	<input type="checkbox"/>	Gender bias training	<input type="checkbox"/>
Customer Research	<input type="checkbox"/>	Goal Setting	<input type="checkbox"/>
Financial Forecasting	<input type="checkbox"/>	Indigenous Colonization and its impacts	<input type="checkbox"/>
HR: Hiring Best Practices	<input type="checkbox"/>	Leadership training	<input type="checkbox"/>
HR: Retaining Talent	<input type="checkbox"/>	Management training	<input type="checkbox"/>
Market/Sector research	<input type="checkbox"/>	Raising a family as an Entrepreneur	<input type="checkbox"/>
Performance Measurement	<input type="checkbox"/>	Risk Management	<input type="checkbox"/>
Personal Taxes	<input type="checkbox"/>	<b>Trauma informed discussions:</b> Lateral violence	<input type="checkbox"/>
Social Responsibility for Businesses (ESG's)	<input type="checkbox"/>	<b>Trauma informed discussions:</b> Missing indigenous women	<input type="checkbox"/>
Starting a Business	<input type="checkbox"/>	<b>Trauma informed discussions:</b> Residential schools	<input type="checkbox"/>
Strategic Business planning (Mission & Vision statements)	<input type="checkbox"/>	Work-life Balance	<input type="checkbox"/>

Are there any topics not included above that you need help with from a mentor?

## Availability

1. Is there anything else going on in your personal or business life that may impact how much time or energy you have to invest in the mentorship?
2. Please indicate your availability over the next six months and how often you will be able to commit to working with a Mentor? (Ex. would prefer to meet bi-weekly on Wednesdays)
3. What additional resources would be helpful for you to participate in the Program? (Ex. child/elder care, access to a computer, etc.)

**What time works best for you to meet with your Mentor?**

*Please indicate/highlight your availability below:*

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please email your completed application to [nataliek@lrcc.mb.ca](mailto:nataliek@lrcc.mb.ca).**

If you have any questions, feel free to contact us at:

204-589-0772 ext. 2225.