



INGENUITY

ASCEND

First Name:

Last Name:

Email:

Address (Street, City, Province, Country, Postal Code):

Phone Number:

Industry:

Venture/Company Name if applicable:

Number of founders:

Venture/

Company Stage (Idea, Early-Stage, Growth/Scaling, Etc.):

How did you hear about Ingenuity?

About the Venture/Business:

Venture/Company Description:

Description of your product or service and value proposition (less than 300 words):

Competitive Advantage:

Target Audience:

What is the most recent product or traction milestone of the business:

What is the next milestone for the business, and how long will it take to reach:

Venture/Company Website:

Company Social Media (Twitter/Facebook/LinkedIn):

List of Advisors:

Are you currently trying to raise funding? Yes/No

If yes, from what sources are you looking at for funding:

Where do you plan to locate the start-up after the program:

Supporting Documentation (documents relevant to the business venture such as: validation documents, market research, Patents/Trademarks/Copyrights, business plan, etc.):

About You (The Applicant):

What experience do you have relevant to your venture's industry:

What prior start-up experience do you have:

Tell us why you want to be part of the Ingenuity Accelerator Program:

Personal LinkedIn:

Are you/and/or/the co-founders able to commit the participating in the full Accelerator Program (Start Date – End Date - Monday to Friday 10 a.m. – 4 p.m.):

If not all founders can attend the program explain why:
