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| --- | --- | --- | --- |
| Applicant name |  | Company name(s) | Comment below if more than one |
| Cell phone |  | City & province |  |
| Email |  | # of full time equivalents (FTE) |  |
| Job title | Explain below if not CEO | % ownership (explain below if <50%) |  |
| Nominated by |  | Annual revenue (of all companies) |  |
| Personal LinkedIn link |  | Company age / years as CEO | / |
| Personal Facebook link |  | Corporate website URL |  |
| The questions below allow the judges to determine the fit between you and ELP. Please feel free to adjust the space per answer, but **do not** exceed this **SINGLE** page or change font from 10 point. Send it to [apply@wallacemccaininstitute.com](mailto:apply@wallacemccaininstitute.com) by March 31st. | | | |
| 1. **Describe your business (activity/size/geography)** | | | |
| 1. **What are your proudest business accomplishments to date?** | | | |
| 1. **What is your vision for how your company will grow in the next 10 years?** | | | |
| 1. **Describe your motivation to apply to become a member of ELP.** | | | |
| 1. **What are the top decisions that you face during the next year?** | | | |
| Provide the names, emails and phone numbers for 2 business references and an ELP alumnus you have discussed this with (if possible). By sending this application, you confirm that you have had a discussion with an alumni or WMI staff about the program cost & ongoing program. | | | |
| 1. | | | |
| 2. | | | |
| ELP Alumnus: | | | |
| Underline one: (1) I can only do Th/Fri (2) slight preference for Th/Fri (3) indifferent (4) slight preference for Fri/Sat (5) I can only do Fri/Sat | | | |