The Ken Jr. Award for Innovation

APPLICATION FORM

**SECTION 1**

**PERSONAL INFORMATION**

Name

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| --- | --- |
|  |  |

Date of Birth

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| --- |
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Nationality/State of Origin

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| --- | --- |
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 Gender

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Medical Disability?

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**SECTION 2**

**CONTACT DETAILS**

 HOME ADDRESS

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MOBILE NUMBER

|  |  |
| --- | --- |
|  |  |

 Email

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| --- |
|  |

 Skype ID

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Social Media Handles

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**SECTION 3**

**BUSINESS PROFILE**

Business/Company Name

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Business/Company Address

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| --- | --- |
| Street Address: |  |
| City/Town: |  |
| Country: |  |
| Postal Code: |  |

Website/Company Pages

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|   |

About Me

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| --- |
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Leadership skills and Experience

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| --- |
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Personal Achievement

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Elevator Pitch

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Detailed Description

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What is new, interesting or different about your product/service/idea?

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Problem Solved

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How does your idea/product/service leverage on technology?

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Business Stage

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Sustainable Development Goals

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Business Impact

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Challenges

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Explain briefly what you hope to achieve from participating in the KEN JR. AWARD program

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**SECTION 4**

**COMPANY STRUCTURE**

Is your company registered?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |   | No |  |

Do you have any business partners?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |   | No |   |

What is your primary role?

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What is the strength of your team?

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**SECTION 5**

**MARKET POTENTIAL**

**How big is the market your idea/product/service intends to address?**

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**How will you get revenue?**

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**Marketing strategy**

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**List your top 3 competitors**

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**Differentiating Factors**

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**What is your current milestone for your business?**

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**What is your next milestone and how long will it take you to reach it?**

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**SECTION 6**

**FINANCIALS**

**What is the total amount of cash invested to date in this startup?**

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**What are your current monthly cash expenses?**

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**How much revenue has your startup generated since inception?**

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**How much profit has the business made since inception?**

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**What is the projected break-even volume (quantity) for the business?**

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**What is the projected break-even revenues for the business?**

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**SECTION 7**

**ATTESTATION**

**How did you hear about the KEN JR. AWARD?**

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|  |

**If accepted into the program, will you work full time on this business/idea?**

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| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

**Please explain how your startup will use the NGN 500,000 seed funds.**

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**If you cannot commit to working full-time on this startup if accepted, please explain why.**

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**Have you taken part in any incubation program within the last year?**

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**If successful in your application, what impact would winning the award have on your business within six (6) months?**

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