BASE CLIENT INTAKE AND APPLICATION FORM

In determining whether a business is eligible for pro-bono legal services through the Ballard Academy for Student Entrepreneurs ("BASE"), we consider the following factors:

- Household income of the business owner;
- Revenue of the business, if any;
- Business owner's access to credit an capital;
- Applicant's business plan; and
- Benefit that the business will provide to the community.

We will take into consideration extenuating circumstances and special needs when evaluating an applicant's income eligibility (i.e. child care, required educational expenses, special employment expenses, other financial obligations and disability).

APPLICANTS **MUST COMPLETE** ALL PORTIONS OF THE APPLICATION. APPLICATIONS WITH MISSING INFORMATION WILL NOT BE CONSIDERED.

Please submit your completed application by email to BASE@ballardspahr.com OR by mail to:

Kimberly W. Klayman Ballard Spahr LLP 1735 Market Street, 51st Floor, Philadelphia, PA 19103



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PART ONE: GENERAL INFORMATION Name (Last, First & Middle Initial): Street Address: Work Phone: City, State, Zip: _____ Home Phone: _____ Email Address: _____ Mobile Phone: _____ Alternate Contact Name: Alt Phone: Is English your first language? () Yes () Do you need an interpreter? () Yes () No If yes, what language? Current College or University: _____ Prior College Education: I hereby acknowledge that I am currently enrolled in the above identified college of university. (PART TWO: BUSINESS INFORMATION Business Name: _____ Street Address: (If different from above) City, State, Zip: _____ Business Phone: _____ Business Email: _____ Address Website: _____ Briefly describe your service, application, platform, or product:*



^{*}If you have a business plan, please attach a copy

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PART THREE: FINANCIAL INFORMATION

1.	Dependents (people you support):			
	Number of children:	Number of others:		
		(i.e. parents, other relatives)		
	Please explain:			
2.	Employment:			
	Your employer:	Spouse's employer, if any:		
3.	Annual Income (Gross):	Total Annual Gross Income:		
	Please list your monthly expenses (e.g. childcare, medical, transportation, etc.).			
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5.	Please list your debts and indicate whether they are personal or business-related.			
6.	Is your business being financed in part or full by	y a source other than yourself? Yes No		
	If yes, by whom? (i.e. family members, friends, banks, investors or grants):			
7.	Have you applied for any loans to finance your	business? Yes No		
	If yes, from what financial institution(s)?			



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8.	Do you have any partners, co-owners, or co-founders in your business? Yes No			
	If yes, list the following:			
	Name #1:	F_mail·	Total annual gross household income \$	
	Name #1.		Total annual gross	
	Name #2:	E-mail:	<u> </u>	
		_	Total annual gross	
	Name #3:	E-mail:	_	
9.	Are you or your business currently part(y)/(ies) to any pending legal disputes, contractual arrangements, or leases? Yes No			
	If you responded yes to the preceding question, please identify any other part(y)/(ies) to the legal dispute, contractual arrangement, and/or lease:			
I ho tha By	at BASE may use this information in signing this form you are agreeing	tion in this application is true evaluating my eligibility fo that the information you pr	ue to the best of my knowledge. I understand r free legal services. ovided to BASE may be disclosed to attorneys in agree that BASE may disclose non-confidential	
inf	ormation about your business.			
SIC	GNATURE:			
Dig	gital Signature Acceptable			
DA	TE:	-		
Ple	ease submit your completed applica	ation by email to BASE@ba	llardspahr.com OR by mail to:	
Kir	nberly W. Klayman			
	llard Spahr LLP			
17	35 Market Street, 51st Floor,			
Ph	iladelphia, PA 19103			

