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

Ballard Spahr LLP

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 ◯ No

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. ◯ Yes ◯ No

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: _____

4. Please list your monthly expenses (e.g. childcare, medical, transportation, etc.).

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 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: _____ E-mail: _____ Total annual gross household income $_____

   Name #2: _____ E-mail: _____ Total annual gross household income $_____

   Name #3: _____ E-mail: _____ Total annual gross household income $_____

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:

   _____

PART FOUR: CERTIFICATION

I hereby certify that all of the information in this application is true to the best of my knowledge. I understand that BASE may use this information in evaluating my eligibility for free legal services.

By signing this form you are agreeing that the information you provided to BASE may be disclosed to attorneys in efforts to recruit pro bono assistance for your business. You also agree that BASE may disclose non-confidential information about your business.

SIGNATURE: _____

Digital Signature Acceptable

DATE: _____

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