**SECTION 1: START-UP OVERVIEW**

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| **Start-up name** | |
| Click here to enter text. | |
| **Describe your start-up in one (1) phrase (elevator pitch)** | |
| Click here to enter text. | |
| **Number of team members, including main applicant (maximum of 5 members allowed)** | **Amount of funding you are requesting**  **(max. amount is $5,000)** |
| Click here to enter text. | Click here to enter text. |
| **Faculty (professor) supervisor’s name** | **Faculty (professor) supervisor’s email** |
| Click here to enter text. | Click here to enter text. |

**SECTION 2: TEAM COMPOSITION**

For **team applicants**, each team is required to nominate one main applicant (“team leader”). All correspondence will be made by and sent to the main applicant. If a McGill alumni is part of the team, list this member as the last member, and write “Alumni” in the *Program of Study* field and year of graduation in the *Year* field (leave the other fields blank).

TEAM MEMBER #1 **(MAIN APPLICANT)**

|  |  |
| --- | --- |
| **Last name** | **First name** |
| Click here to enter text. | Click here to enter text. |
| **McGill Student ID Number** | **McGill email address** |
| Click here to enter text. | Click here to enter text. |
| **Faculty** | **Department** |
| Click here to enter text. | Click here to enter text. |
| **Program of Study** | **Year (U0, U1; U2; U3; U4; Masters, PhD, Post-doc)** |
| Click here to enter text. | Click here to enter text. |
| **Telephone Number** | **Expected date of graduation** |
| Click here to enter text. | Click here to enter text. |

TEAM MEMBER #2

|  |  |
| --- | --- |
| **Last name** | **First name** |
| Click here to enter text. | Click here to enter text. |
| **McGill Student ID Number** | **McGill email address** |
| Click here to enter text. | Click here to enter text. |
| **Faculty** | **Department** |
| Click here to enter text. | Click here to enter text. |
| **Program of Study** | **Year (U0, U1; U2; U3; U4; Masters, PhD, Post-doc)** |
| Click here to enter text. | Click here to enter text. |
| **Telephone Number** | **Expected date of graduation** |
| Click here to enter text. | Click here to enter text. |

TEAM MEMBER #3

|  |  |
| --- | --- |
| **Last name** | **First name** |
| Click here to enter text. | Click here to enter text. |
| **McGill Student ID Number** | **McGill email address** |
| Click here to enter text. | Click here to enter text. |
| **Faculty** | **Department** |
| Click here to enter text. | Click here to enter text. |
| **Program of Study** | **Year (U0, U1; U2; U3; U4; Masters, PhD, Post-doc)** |
| Click here to enter text. | Click here to enter text. |
| **Telephone Number** | **Expected date of graduation** |
| Click here to enter text. | Click here to enter text. |

TEAM MEMBER #4

|  |  |
| --- | --- |
| **Last name** | **First name** |
| Click here to enter text. | Click here to enter text. |
| **McGill Student ID Number** | **McGill email address** |
| Click here to enter text. | Click here to enter text. |
| **Faculty** | **Department** |
| Click here to enter text. | Click here to enter text. |
| **Program of Study** | **Year (U0, U1; U2; U3; U4; Masters, PhD, Post-doc)** |
| Click here to enter text. | Click here to enter text. |
| **Telephone Number** | **Expected date of graduation** |
| Click here to enter text. | Click here to enter text. |

TEAM MEMBER #5

|  |  |
| --- | --- |
| **Last name** | **First name** |
| Click here to enter text. | Click here to enter text. |
| **McGill Student ID Number** | **McGill email address** |
| Click here to enter text. | Click here to enter text. |
| **Faculty** | **Department** |
| Click here to enter text. | Click here to enter text. |
| **Program of Study** | **Year (U0, U1; U2; U3; U4; Masters, PhD, Post-doc)** |
| Click here to enter text. | Click here to enter text. |
| **Telephone Number** | **Expected date of graduation** |
| Click here to enter text. | Click here to enter text. |

**IMPORTANT: Section 3 (below) must not exceed a total of five (5) pages. All questions must be answered. Not all answers have to be the same length.**

**SECTION 3: YOUR START-UP PLAN**

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| **Describe the start-up you are developing.** |
| Click here to enter text. |

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| **What is the problem of your target market?** |
| Click here to enter text. |

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| **Who are the customers for your start-up, and what is the estimated size of the market in which your customers are found?** |
| Click here to enter text. |

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| **Why is your start-up innovative, and what impact can it create?** |
| Click here to enter text. |

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| **What is the proposed financial model and how will your start-up generate revenue?** |
| Click here to enter text. |

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| **Who are your main competitors?** |
| Click here to enter text. |

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| **What are the major risks that can affect your start-up?** |
| Click here to enter text. |

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| **Describe your /or your team’s expertise and skills that will make this start-up successful. Include names of mentors or advisors, if applicable.** |
| Click here to enter text. |

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| **Describe the next steps you will take in order for your start-up to be successful.** |
| Click here to enter text. |

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| **Describe how the funding from this start-up prize, if awarded, will be used.** |
| Click here to enter text. |

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| **Have you or members of your team applied for and/or received other funding to develop your start-up? If yes, please specify the funding source and amount requested/awarded.** |
| Click here to enter text. |

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| **List other start-up competitions in which your team is competing, or intends to compete (for example, McGill Dobson Cup start-up competition, competition at a conference, etc.).** |
| Click here to enter text. |

**REMINDER: Section (3) must not exceed 5 pages in total.**