



FAMILY BUSINESS CENTER

FAMILY BUSINESS STEWARDSHIP INSTITUTE APPLICATION FORM

All information provided to the Loyola University Chicago Family Business Center is for internal purposes only.

PERSONAL

Name: _____ Title: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Website: _____

Age: _____ Generation: _____

COMPANY

Year Founded: _____ Total Employees: _____

Estimated Annual Sales: _____ Generations in Management: _____

Industry: _____ Product(s): _____

Headquarters Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

EDUCATION

Name of School: _____ Degree: _____ Years: _____

Name of School: _____ Degree: _____ Years: _____

Name of School: _____ Degree: _____ Years: _____

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WORK EXPERIENCE *(please note if Family Business)*

Employer: _____

Position/Responsibilities: _____ Years: _____

Employer: _____

Position/Responsibilities: _____ Years: _____

Employer: _____

Position/Responsibilities: _____ Years: _____

Are You a Member of your Family Business' Governing Board? No Yes Years: _____

Are you a Member of your Family Council? No Yes Years: _____

If yes, please indicate any Leadership Roles you have had or wish to have on the Board and/or Family Council. (please note if officer and/or on committees):

PERSONAL GOALS FOR FBSI

What do you hope to achieve at the end of 18 months, through participation in this program?

Name

Signature

Date