Launch Raleigh

SPRING 2027 APPLICATION FORM

Qualification questions

Answer all three questions before proceeding.

Are you a resident of Raleigh or do you plan to run a business based in Raleigh? (select one)

☐ Yes ☐ No

Is your business or business idea NOT a franchise? (select one)

☐ Yes ☐ No

Have you opened a business or demonstrated serious efforts toward starting one? (select one)

☐ Yes ☐ No

Continue with the application only if you answered Yes to all three qualification questions.

Applicant information

First Name

Last Name

Email address

Phone number

Complete home address

Complete business address (if applicable)

How did you learn about Launch Raleigh?

Ownership, interview and attendance

Which type of owner are you? (select one)

☐ Sole owner ☐ Business partnership/co-owned

All owners must participate. If the business has partners, provide their information below.

Partner(s) full name(s)

Partner(s) email address(es)

Partner(s) phone number(s)

Are you available for a virtual selection interview during July 28 - August 1, 2025? (select one)

☐ Yes ☐ No

Mandatory class and event schedule

DATE	DAY	TIME	LOCATION	EVENT
Jan 14, 2027	Thursday	6:00-7:30 PM	Wake Tech Beltline Campus	Orientation
Jan 21, 2027	Thursday	6:00-9:00 PM	Wake Tech Beltline Campus	Class 1
Jan 28, 2027	Thursday	6:00-9:00 PM	Wake Tech Beltline Campus	Class 2
Feb 4, 2027	Thursday	6:00-9:00 PM	Wake Tech Beltline Campus	Class 3
Feb 11, 2027	Thursday	6:00-9:00 PM	Wake Tech Beltline Campus	Class 4
Feb 18, 2027	Thursday	6:00-9:00 PM	Wake Tech Beltline Campus	Class 5
Feb 25, 2027	Thursday	6:00-9:00 PM	Wake Tech Beltline Campus	Class 6
Mar 4, 2027	Thursday	6:00-9:00 PM	Wake Tech Beltline Campus	Class 7
Mar 11, 2027	Thursday	6:00-9:00 PM	Wake Tech Beltline Campus	Class 8
Mar 18, 2027	Thursday	6:00-9:00 PM	Wake Tech Beltline Campus	Class 9
Mar 25, 2027	Thursday	6:00-9:00 PM	Wake Tech Beltline Campus	Class 10

Attendance confirmation

Complete this section if you have already started your business.

If selected, can you attend 100% of the classes and events listed on page 2? (select one)

☐ Yes ☐ No

If No, please explain:

fill out if business already started or the next section if not.

Business name

How long have you been in business?

Is the business home-based or in a physical establishment? (select one)

☐ Home-based ☐ Brick and mortar / physical establishment

Complete business address (including home-based businesses)

Total business revenue per year or since starting

Website address (if applicable)

Describe your business in five sentences or fewer.

What are you hoping to gain from participating in this program?

Existing business - continued

Complete this page only if you have already started your business.

How developed is your business? Select a rating from 1 to 5.

1 = Registered but little or no operations 5 = Fully operational

Business development rating (select one)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please explain your rating.

Summarize the steps you have taken to launch your business.

Any other information about your business or participation?

Business idea not yet launched

Complete this page only if you have NOT started your business.

How developed is your business idea? Select a rating from 1 to 5.

1 = Idea only, little or no market research 5 = Close to launching

Business idea development rating (select one)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please explain your rating.

Summarize your business idea, including research, marketing strategy and financial planning.

Any other information about your business idea or participation?