
BrandCraft Essentials Application Form

Accomplish this form as best as you can. Brief and thoughtful sentences are encouraged. Answer all the fields with the *red asterisk**. This means it's required. Applications are reviewed on a rolling basis. Check our website www.agylebrands.com for the next program cohort.

[Submit your application here.](#)

PRIMARY CONTACT PERSON

The nominated contact person shall receive all communications regarding the application.

1. NAME*

2. EMAIL*

3. MOBILE*

4. LINKEDIN URL*

ABOUT THE BRAND

5. Who came up with the idea for this brand/products?

Name

6. Do you have an existing brand?*

YES

NO

7. Are you currently selling products with that brand?*

YES

NO

If you answered yes to any of the above, please provide at least one of the following:

8. Social Media URL

9. eCommerce Store URL

10. Please provide a brief overview of your brand idea or concept.*

11. What is your vision for your brand?*

12. Who do you want to serve? Who is your target customer?*

13. Fast forward 10 years from now, what would you want a 10-year loyal customer to say about your brand when interviewed by a reporter.*

14. Describe the products you currently offer. (If you answered yes to #7)

15. Describe the products you'd like to offer.*

16. Describe the brand growth opportunities you see.*

17. Describe the challenges or obstacles you are facing in developing your brand.*

18. What are your main goals for your brand in the next 12 months?*

19. What are you hoping to achieve by participating in the program?*

20. Is there anything else you'd like us to know about your brand aspirations?

BRAND TEAM

21. Are there other people leading this brand with you?

If yes, add their names and LinkedIn URL below. If none, indicate NOT APPLICABLE.

We recommend ensuring all your team's LinkedIn Profiles are current. It's part of the evaluation.

Name	LinkedIn URL

REFERENCE PERSON

Nominate one person who can speak to the team leader or team's entrepreneurial potential. No family members please. Please inform the reference person that they will be contacted.

22. NAME*

23. EMAIL*

24. MOBILE*

26. Which of the team members is this person connected to? Give name/s.*

27. How are they connected?*

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APPLICATION QUESTIONS

To simplify our process and allow us to respond to your queries soonest, please contact us on applications@agylebrands.com through your primary contact's email.