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## 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](http://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\*

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2. EMAIL\*

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3. MOBILE\*

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4. LINKEDIN URL\*

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### 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

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9. eCommerce Store URL

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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\*

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23. EMAIL\*

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24. MOBILE\*

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

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27. How are they connected?\*

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## AGYLE OPPORTUNITY GRANT

28. We are applying for the Opportunity Grant.\*  YES  NO

29. If yes, why do you believe you should be selected for the grant?

[Submit your application here.](#)

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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](mailto:applications@agylebrands.com) through your primary contact's email.*