

## **Tri-Star Angels Program Application**

Name:
Email:
Phone Number:
What is your preferred method of communication:
Home Address:
What county are you located in:
Do you currently own/operate a business located in Tennessee?
What is the name of your business?
How many full times equivalent (FTEs) employees does your business have?
Is your business address different than your home address?
Business Address:
What county is your business located in?

Indicate whether the business above self-certifies that it is a SEDI demographics-related business owned and controlled by individual(s) who have had their access to credit on reasonable terms diminished as compared to others in comparable economic circumstances, with the term "owned and controlled" in this context meaning, if privately owned, at least 51% of the business is owned by individual(s) falling into one or more of the following categories; if publicly owned, at least 51% of the business' stock is owned by such individuals; and in the case of a mutual institution, a majority of the board of directors, account holders, and the



community which the institution services is predominantly comprised of such individuals. Select one or more of the categories that apply:

Most recent company or employer:

Most recent job title held:

Under the State Small Business Credit Initiative (SSBCI), applicants must certify below that their principals have not been convicted of a sex offense against a minor.:

Are you an accredited investor as defined by the U.S. Securities and Exchange Commission?

By checking a box below, I am confirming that I am an accredited investor and indicating the basis on which I am representing my status as an "accredited investor":

Do you work for an ESO (Entrepreneur Support Organization) or investment firm?

Name of Employer:

**Position Title:** 

**Position Description:** 

Do you plan to become an accredited investor?

Please briefly describe your plan to become an accredited investor. In your description, please include the anticipated time frame.:

Have you made an investment into a private company other than a company that you are a principal owner?



How did you make the investment(s) into the private company?

Which crowdfunding platform did you use?

How long have you been actively investing in companies?

Have you taken any courses to increase your knowledge as an angel investor?

What course(s) have you taken?

Are you currently or have you ever been a member of the Angel Capital Association?

Are you currently or have you ever been a member of an angel group or network?

What group(s) are/have you been a member of?

Do you have a particular investment focus?

What is/are your investment focus area (s)?

Please specify your industry/industries focus.:

Please describe founder focus.:

Do you plan to make an investment in one or more startups by 6/1/2029?

How did you learn about Tri-Star Angels Program?

Are you connected with any of the following?



Which Regional Entrepreneur Center?

Which co-work space?

Which TSBDC?

Are you interested in being a mentor for startup founders?

Are you willing to be featured (via interview, blog post, etc.) in marketing materials about Tri-Star Angels Program?

Please upload your headshot (Optional):

By submitting this application, I agree to complete each of the six Basic Angel Investing courses.:

By confirming below, you agree you have read the section above.:

Demographic Information:

What is your preferred language to conduct business in?

Other language:

Race:

If Asian was selected, please choose:

If Native Hawaiian or other Pacific Islander was selected, please choose:



Ethnicity of Owners: Hispanic or Latino/a:

Middle Eastern or North African Ancestry:

Gender:

**Sexual Orientation:** 

Veteran status: