



MIDWEST EXECUTIVES-ON-ROSTER (XOR)

MIDWEST XOR NETWORK ENTREPRENEUR APPLICATION PLEASE SUBMIT THIS COMPLETED FORM TO MIDWESTXOR@UKY.EDU	MIDWEST XOR USE ONLY
	DATE RECEIVED: _____
	CRITERIA MET: <input type="checkbox"/> APPLICATION COMPLETED COMMENT: _____
	<input type="checkbox"/> UNIVERSITY AFFILIATION: COMMENT: _____ <input type="checkbox"/> OTHER: COMMENT: _____

SECTION I: PERSONAL INFORMATION

Full Name:	_____
LinkedIn URL:	_____
EMAIL:	_____
Phone:	_____
Current Job Title:	_____
Permanent Address:	_____
City, State, Zip:	_____

Please use additional copies of this page for more than four names

Briefly describe your interest or purpose for applying <i>(should be brief and descriptive):</i>

Have you ever raised money for a start-up company before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide the information requested below.</i>		
Start-up:	Description of capital raised:	

Have you ever been the executive of a start-up company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please describe your role(s):</i>	

In which industries or technology markets do you have significant experience and knowledge?



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Have you worked with an early stage technology originating from university research?

☐ Yes ☐ No

If yes, please describe the technology(ies):

Do you have experience hiring employees and managing a team?

☐ Yes ☐ No

If yes, please describe your experience(s):

Do you have an affiliation with the Midwest and/or a university in the Midwest XOR?

☐ Yes ☐ No

If yes, please describe your affiliation(s):

What are your expectations for utilizing the Midwest XOR?

Are you willing and able to play the role of CEO for a start-up?

☐ Yes ☐ No

Do you have relationships with or a network including investors?

☐ Yes ☐ No

If yes, please describe your relationship(s) generally:

Do you have other business experience that would be relevant and valuable as a Midwest XOR Network Entrepreneur?

☐ Yes ☐ No

If yes, please describe your experience:

By signing below, I acknowledge and agree: (a) subject to applicable law, the participating university ("University Member") to which this application is provided and any applicable other reviewing University Member ("Reviewing Institution") assigned to consider this application are entitled to retain the information contained herein whether I am accepted into XOR network or not, and if my application is accepted, all participating University Members and qualified companies in the XOR platform ("Qualified Companies") may retain any information I provide to XOR; (b) my application to or use of XOR does not entitle me to access to, or guarantee any match or other result, with any Qualified Company; (c) University Members, Qualified Companies and administrators and website providers in XOR shall not be liable for any direct, indirect, incidental, or consequential damages arising from or related to my application to, rejection, use of, or removal from XOR; and (d) I may be removed from XOR at any time and at the absolute discretion of the University



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Member(s). Capitalized terms herein shall have the meanings ascribed to them in the XOR Operating Procedures Guidebook as may be amended from time to time at the absolute discretion of the University Members.

SUBMISSION ACKNOWLEDGEMENT – Please sign or type name below

Signature or typed name	Date
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(Please use additional copies of this page if more signatures are required)

Please return this completed form to the Midwest XOR at midwestxor@uky.edu.

You will be contacted once your application has been reviewed.