**FAHSS Creative Venture Competition**

**APPLICATION**

1. Venture Name:
2. Team Members:

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| --- | --- | --- | --- | --- | --- |
| Name | E-mail Address | Phone Number | Major | Current Year in School | Primary Contact |
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1. Advisor(s): (Optional)

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| --- | --- | --- |
| Name | E-mail Address | Affiliation |
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1. Questions:
   1. Describe your idea?

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* 1. What type of issue/problem does your idea address?

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* 1. What is unique about the way your idea addresses this problem?

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* 1. Who will benefit from your idea?

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* 1. Where are you in the design or development of this idea?

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* 1. How can your idea/project be sustained beyond the completion of your graduation?

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