



## 2018-19 Mentoring Program Executive Summary

Due by 12noon on Friday November 16

Project Title/Business Name: \_\_\_\_\_  
Key Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

What is your business or project idea? (50 words or less)

Why do you believe in this project?

What do you hope to accomplish through the Mentor Program?

**MARTHA'S VINEYARD CHAMBER OF COMMERCE**

PO Box 1698 | 24 Beach St • Vineyard Haven, MA 02568 • 508-693-0085 • fax 508-693-7589  
[info@mvv.com](mailto:info@mvv.com) • [www.MVV.com](http://www.MVV.com)



**What are your main strengths and weaknesses as a business leader?**

**What are your connections to Martha's Vineyard?**

**Why should we choose you for this program?**

**Please email your completed application to Nancy Gardella at the MV Chamber of Commerce [nancy@mvy.com](mailto:nancy@mvy.com) by 12noon on Friday November 16. You will be notified by November 17 if you are invited to be a participant and must be prepared to attend an orientation on Nov. 20 from 6-8pm at the Chamber.**

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