Name *

First Name

Last Name

Email *

Phone *

Address *

Street Address

Address Line 2

City

State/Region/Province

Postal / Zip Code

United States

Country

A Philadelphia-based address is required. Please provide your business (brick-and-mortar or home-based) or home address.

Add in details about your business, goals, and why you wish to attend this program.

Business Name *

Type of Business *

E.g. Jewelry Making, Woodworking, Sign-Making, etc.

Business Description *

Business Website

Social Media Handle(s)

Are you working full-time on this business? *

- ◯ Yes
- ◯ No
- ◯ No, but I would like to in the future

What products are you currently selling or developing? *

On average, what is your monthly sales revenue? *

- ◯ I haven't made any sales yet
- ◯ Less than $100
- ◯ Between $100 - $500
- ◯ Between $500 - $1,000
- ◯ Between $1,000 - $2,500
- ◯ Between $2,500 - $5,000
- ◯ More than $5,000
- ◯ Other

Where and how do you currently sell your products (or plan to sell them)? *

E.g., Online (Etsy, personal website, social media), in-person (local markets, pop-ups), wholesale, and/or to family and friends.

Who typically purchases your products (or who is your ideal buyer)? *

Tell us about your target audience. Consider their specific needs, style, age, or habits, and why your product appeals to them.

What makes your products unique? *

Think about similar products out there - what makes your features, materials, pricing, or craftsmanship different or better than the competition?

Why do you want to attend this program? *

What makes you excited about this specific opportunity, and how do you see it impacting your growth as a creative entrepreneur?

What are your short-term goals as a business owner? *

What would you like to accomplish in the next 3 months?

What are your long-term goals? *

What would you like to accomplish in the next 12 months?

What are the biggest challenges facing your business right now? *

E.g., Pricing products correctly, finding customers, scaling production, managing finances, marketing, or transitioning from a hobby to a business.

What does your current workplace look like? What does your ideal workplace look like? *

What NextFab equipment and shop education would you benefit from? *

NextFab specializes in production areas related to woodworking, metalworking, jewelry making, textiles, 3D printing, large format 2D printing, laser cutting, and CNC fabrication.

How did you hear about the Artisan Accelerator program? *

- ◯ Family or Friend
- ◯ NextFab Staff or Member
- ◯ NextFab Newsletter
- ◯ Social Media
- ◯ Event
- ◯ Online Search
- ◯ Partner
- ◯ Other

Are you available to attend every Tuesday and Thursday session, 10AM - 12PM, for the entire 13-week program? *

- ◯ Yes, I can commit to all sessions
- ◯ No, I have known conflicts
- ◯ Unsure / I have potential conflicts

This program meets Tuesdays and Thursdays from September 9th to November 6th, 2026 & January 13th to February 5th, 2027. We will have a holiday break from November 7, 2026, to January 12, 2027, when attendance is not required.

Please list any specific dates or time conflicts you anticipate during the program. *

Will you be able to attend the in-person sessions at NextFab (1800 N American St, Philadelphia)? *

◯ Yes ◯ No ◯ Unsure

As part of this hands-on program, we will host in-person sessions at NextFab to apply the lessons to practice.

What prevents you from attending in person? (e.g., scheduling, transportation)? *

What would help you make a decision, or what are you waiting to confirm? *

City of Philadelphia Department of Commerce Data Collection

This program is funded by the Department of Commerce to support local businesses in the creative industry.

Financial Assistance Fund

Financial support is available to assist with transportation, child care, technology access and assistance, and equipment investments for your business. Please describe your needs.

City of Philadelphia Equitable Access Eligibility

The program, funded by the City of Philadelphia's Department of Commerce, will elevate applications submitted by businesses owned by members of historically disadvantaged communities. Please indicate whether you are a member of a historically disadvantaged community.

*

◯ Yes ◯ No