



NATIONAL ASSOCIATION OF
WOMEN BUSINESS OWNERS

**SOUTH FLORIDA MINORITY WOMAN BUSINESS OWNER OF THE
YEAR**

APPLICATION

Name _____ Phone _____

Business Name _____

Business Address _____

Fax# _____ Email _____

Percentage of business owned _____ (Note: Does not need to own over 50% of the business)

How many years in current business? _____

Number of employee's _____ Number of 1099 _____

What minority group do you represent? _____

Are you a member of any organizations? If yes, which ones? _____

How did you hear of this award? _____

Please submit the following with your application:

1. A 500-word essay about yourself touching such areas as:
 - * How have you contributed to your community?
 - * What are some obstacles you have encountered?
2. A copy of your company's most recent FL Unemployment Tax Return
3. Your Business Card.
4. A Letter of Reference from a Community or Business associate.

DEADLINE FOR FILING IS: September 10, 2007

Mail Your Application to:

Amy Tinoco, Minority Award Committee Chair P.O. Box 245365 Pembroke Pines, Fl. 33024. For more information call Amy Tinoco, Committee Chair at 954-438-9977 or Ida Jolie, Committee Co-Chair at 954-551-3227