

ENTREPRENEUR

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

This award is given to an individual with a disability who is self-employed. They have made significant contributions in the community increasing awareness of disability issues, and advocacy for others. In the space below write a narrative describing the self-employment/business. After completing this form mail it to MAMC PO Box 162 Fargo, ND 58107.

Signature of nominee: _____