

Entrepreneur Award

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If different than above, name of contact person: _____

This award is given to an individual with a disability who is self-employed. Write a nomination letter describing the self-employment/business.

Complete this form, attach the nomination letter and mail to:

MAMC
P.O. Box 162
Fargo, ND 58107

Nominations must be postmarked or received by March 30th.

Signature of nominee _____