

Presented by:



Scholarship Partners:



DAYTONA BUSINESS UNITED

EQUITY, DIVERSITY & INCLUSION COMMITTEE MINORITY-OWNED SMALL BUSINESS SCHOLARSHIP PROGRAM

Selection Committee Application

Business Name: _____

Main Contact: _____

Address: _____

Phone Number: _____ Email: _____

Please check the minority description that best fits your ownership demographic:

Asian Black Hispanic Native American Woman-Owned Veteran

LGBTQ Other; Please add description: _____

Yes, I have a license to do business in Volusia County

Yes, I have a license to do business in the City/Town of _____

Attach up to a one-page description of how participation in the Daytona Business United program will help you with your business.

_____*I understand that the Daytona Business United program requires a commitment of time to attend educational and mentoring sessions and that I will be listed as a member of the Daytona Regional Chamber of Commerce receiving the benefits associated with the organization. Upon acceptance I will complete an application for my business listing and will submit a \$225 application fee. In return I will receive a value of well over \$2,500 worth of training and resources.*

Signature: _____ Date: _____

Submit your completed application to Nancy@Daytonachamber.com
Completion of Selection Committee application does not guarantee placement in program.