

Presented by:



Scholarship Partner:



# DAYTONA BUSINESS UNITED

EQUITY, DIVERSITY & INCLUSION COUNCIL'S 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](mailto:Nancy@Daytonachamber.com)  
Completion of Selection Committee application does not guarantee placement in program.