



A United Way
member agency

Helping You Build a Better Future

ENTREPRENEUR OF THE YEAR NOMINATION FORM

(Email to ahetherington@microskills.ca or fax to the attention of Annette Heatherington at (416) 493-0350)

DATE SUBMITTED _____

NAME OF APPLICANT _____

HOME ADDRESS _____

HOME TELEPHONE # _____

BUSINESS ADDRESS _____

BUSINESS TELEPHONE # _____

FAX# _____

EMAIL _____

BUSINESS STRUCTURE: Sole Proprietorship Partnership Corporation

DATE OF PROGRAM COMPLETION _____

Briefly describe the type of products/services your business offers:

Briefly describe your market niche:

Name 3 of your major clients:

Client 1	
Client 2	
Client 3	

Start-Up Capital: \$

Please complete the following:

6 months

1 year

	6 months	1 year
Amount of product sold		
Number of customers / clients receiving services:		
Revenues		
Profits		
Full-time employees		
Part-time employees		

What makes you the best candidate for the Entrepreneur of the Year Award?

What role did the MicroSkills-WERC Self-Employment Training program and support services play in your success?

What are your plans for the future?
(Describe your goals and how you plan to accomplish your goals.)

COMMUNITY INVOLVEMENT

Describe your involvement in your community. Are you a member of a business association? Are you active in charitable work?

Please provide us with names, addresses, and telephone numbers of three references. These may be business, personal, or employment related references.

REFERENCES

NAME	ADDRESS	TELEPHONE #	TYPE
1.			
2.			
3.			

Please submit this form to:

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Toronto , ON M2J 4R4

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