



Soroptimist International of Humboldt Bay  
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707.442.3738  
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## Mission of Soroptimist of Humboldt Bay:

Improving the lives of women and girls in local communities and throughout the world

Confidential Application (Please Type or Print Clearly)

# Women in Business Award

Open to all women to start or grow their business. The award will be in the amount of \$1000!  
Contact Donna Wright at the Greater Eureka Chamber of Commerce for more information and to submit your application. Applications close February 1st.

### APPLICANT AND EMPLOYER INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
*Business/Organization City*

### REFERENCES

*Please list three professional or personal references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## QUALIFICATION QUESTIONS

1. State your educational and professional background including degrees awarded, field(s) of study, professional experience, institutes, training programs, etc. You may attach a resume or extra sheet.

2. Describe your business.

3. How has your education and/or experience prepared you in this endeavour? You may attach an extra sheet.

4. What do you consider your most significant professional accomplishment or civic contribution? You may attach an extra sheet.

5. What will your grant funds help you achieve?

**Please attach your business plan and budget.**

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my termination from the program.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_