



Excellence in Entrepreneurship
Eastern and Southern Kentucky

EKU College of Business & Technology
Kentucky Highlands Investment Corp.
The Center for Rural Development

2009 NOMINATION FORM

YOUR INFORMATION

Name _____ Phone: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Relation to Nominee _____

Number of years you have known the nominee: _____

NOMINEE INFORMATION

AWARD CATEGORIES (SELECT ONE)

- Business Entrepreneur (in existence 5 or more years with greater than 25 employees)
- Small Business Entrepreneur (in existence 5 or more years with 25 or less employees)
- Start-up Entrepreneur (in existence less than 5 years)
- Non-profit Entrepreneur (in existence at least 6 months)

Name _____ Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

E-mail: _____

Why do you believe that this nominee deserves to receive the above-checked category of The Excellence in Entrepreneurship Award? *(Please feel free to attach additional narrative, if necessary)*

This form may be copied if you wish to nominate more than one entrepreneur or accessed online at: <http://www.eiea.eku.edu/>.

Complete online form and return via email to <mailto:cbt.eiea@eku.edu>.

Return this nomination form by June 1, 2009 to:

Excellence in Entrepreneurship Committee • Office of the Dean • College of Business and Technology
Eastern Kentucky University • 521 Lancaster Avenue • Richmond, KY 40475-3102