OUTSTANDING DISTINGUISHED SERVICE AWARD
NOMINATION FORM

This award is given to an individual or organization (public or private) in recognition of extraordinary contributions to advancing the empowerment and employment of people with disabilities. The individual or organization should have contributions spanning 10 or more years.

NOMINEE'S NAME: _____
(Business or Individual)

NOMINEE'S ADDRESS: _____
Address City Zip

NOMINEE'S PHONE: _____ EMAIL:_____

NOMINATION SUBMITTED BY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

1. Prepare a statement on the nominee's activities which may include, but not be limited to, giving of time, service, facilities and leadership, arranging, sponsoring or participating in forums; and working with community, state and national organizations to improve employment and independent living opportunities for individuals with disabilities.

(Continue on back)

2. Describe the nominee's past activities and present involvement in areas affecting people with disabilities on the state and national levels. This involvement may include areas such as advocating for accessible housing or transportation, encouraging state and national legislation and any other efforts that have led or lead to employment opportunities for individuals with disabilities.

3. Please include a brief biological summary of the nominee.

4. Why do you feel this nominee is deserving of this award?

5. Please include 2 letters of support or letters of recommendation. Letters must be from persons other than the nominator.

(Nomination may include newspaper clippings, magazine articles, additional items not to exceed a total of 7 pages; all copies or reproductions of articles must be on 8 1/2 X 11" paper.)