OUTSTANDING CITIZEN WITH A DISABILITY
NOMINATION FORM

This award is given to an individual with a disability in recognition of outstanding achievements in living with a disability and promoting independent living and employment opportunities for other individuals with disabilities.

NOMINEE'S NAME: _____

HOME ADDRESS: _____
Address City Zip

HOME PHONE: _____ EMAIL:_____

NOMINATION SUBMITTED BY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

1. Describe the nominee's disability. Tell how and when their disability was acquired, and please include the impact it has had on his/her life.

2. Describe the nominee's past and present involvement in areas affecting people with disabilities on the local, state and national levels. This involvement may include such areas as advocating for accessible housing or transportation, encouraging state and national legislation, and any other area that can ultimately lead to employment. Do not include activities more than five years back unless they directly impact current activities.

(Continue on back)

3. How will the selection of this nominee reflect as a role model or leader to improve opportunities for other people with disabilities?

4. List the accomplishments not covered under the previous questions.

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

6. 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.)