

ANNUAL AWARDS

NOMINATION FORM

Please print this form out! It **cannot** be sent online.

(Please check appropriate award category and **use one form for each nominee**. You may photocopy this form.)

Nomination is for the following award (choose only one):

- Governor’s Trophy
- Professional of the Year
- Employee of the Year Award
- Distinguished Service Award
- Excellence in Universal Design and Technology Award

Please type and answer all questions completely.

Nominee’s name: _____

Home address: _____

City State Zip: _____

Home phone: (____) _____

Business phone: (____) _____ FAX: (____) _____

Current employer’s name and address: _____

Nominee’s Profession: _____

Nominee’s current job title: _____

Fill out the following:

1. Describe the nominated individual's present and past involvement in areas affecting employment of people with disabilities on the local, state and national levels. This involvement may include such areas as working with independent living centers, advocacy, encouraging state and national legislation and any other area that can ultimately lead to employment and the promotion of understanding of the experience of disability.

2. Why do you feel this nominee is worthy of recognition and in what ways are the nominee's achievements outstanding? (Please give specific examples.)

3. For all individual nominees, including Employees, please list the nominee's level of education and relevant professional credentials, licenses and/or certificates.

4. Specify how the nominee has demonstrated innovative leadership and excellence beyond normal expectations or job duties, or legal requirements such as promotion of understanding, acceptance and employment of disabled persons within their profession.

5. For the "Governor's Trophy" category and other categories, if appropriate, describe the nature of the nominee's disability and date acquired. Explain how the nominee has shown initiative living with a disability in the world of work and in the living environment.

6. For the Excellence in Universal Design and Technology Award, describe the design that this individual has created or has incorporated within an established business. Please give specific details about the design or technology and how it is being used.

7. List any other relevant information about the nominee not covered under the previous questions.

Please furnish the following information for all nominations.

This nomination is submitted by: _____

Organization: _____

Address: _____

City State Zip: _____

Telephone number: (_____) _____

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on Employment of People With Disabilities
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