

Jack B. Hefner Memorial Award Nomination Form

Directions: Print this application, fill it out and fax to NCCDD at (919) 420-7917. DEADLINE: To be considered for the 2010 award, all nominee applications must be received in the Council offices by 5 pm, **Tuesday, June 1, 2010**.

Section 1. Nomination Information

Name of Nominee _____

Name (as you wish it to appear on award) _____

Home Address _____

City _____ State _____ ZIP _____

Phone Number: Home () _____

The nominee is a(n):

- Individual with a disability
- Family member of a person with a disability
- Advocate/professional

Section 2. Listing of Qualifications

Please attach a brief description (not to exceed 300 words) of the qualifications of the nominee for this award. Give specific information about the nominee's activities in improving the lives of people with disabilities, including examples of significant contributions and leadership.

List nominee's advocacy experience

Areas of strength/experience/achievements in the area of developmental disabilities

List nominee's volunteer experience

Section 3. Supporting Information or References

Identify three individuals who have personal knowledge of the efforts of the nominee.

Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone Number: Office () _____

Home () _____

Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone Number: Office () _____

Home () _____

Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone Number: Office () _____

Home () _____

Nomination Submitted by:

Full Name _____

Organization (if any) _____

Title and relationship to nominee _____

Home Address _____

City _____ State _____ ZIP _____

Phone Number: Office () _____

Home () _____

Fax the completed form by 5 pm **Tuesday, June 1, 2010**. to:

*NC Council on Developmental Disabilities
919-420-7917 (Fax); 919-420-7901 (Voice/TDD)
or mail (must be received by 6/1/09) to:
NC Council on Developmental Disabilities
3801 Lake Boone Trail, Suite 250
Raleigh, NC 27607*

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