
Jack B. Hefner Memorial Award

2017 Nomination Application



The Jack B. Hefner Memorial Award honors an outstanding North Carolina advocate whose actions have improved the quality of life for people with intellectual and other developmental disabilities. The award will be presented at the annual meeting of the NC Council on Developmental Disabilities on November 1, 2017 in Cary, NC, beginning at 5:30 p.m.

Section 1. Nomination Form

Name of nominee _____

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

Home address _____

City _____ State _____ Zip _____

Phone number _____

The nominee is an:

____ Individual with an intellectual or other developmental disability

____ Family member of a person with an intellectual or other developmental disability

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 lives of people with intellectual or other developmental disabilities, including examples of significant contributions and leadership. Please include the following:

- List nominee's advocacy experience
- Areas of strength/experience/achievements in the area of intellectual or other 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 _____

Name _____
Home address _____
City _____ State _____ Zip _____
Phone number _____

Name _____
Home address _____
City _____ State _____ Zip _____
Phone number _____

Nomination submitted by:

Full name _____
Organization (if applicable) _____
Title/relationship to nominee _____
Home address _____
City _____ State _____ Zip _____
Phone number _____

Submit all pages of this application by **Monday, September 18, 2017** in one of three ways:

- Email the nomination application and listing of qualifications to Travis Williams, Systems Change Manager at travis.williams@dhhs.nc.gov and info@nccdd.org
- Fax the nomination application and listing of qualifications to 919-850-2915. Please include cover sheet indicating your name and total number of pages.
- Mail the nomination application and listing of qualifications to:
North Carolina Council on Developmental Disabilities (NCCDD)
ATTN: NCCDD Advocacy & Leadership Awards
3125 Poplarwood Circle, Suite 200
Raleigh, NC 27604