
Jack B. Hefner Memorial Award

2019 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 6, 2019 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:

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

_____ Volunteer (non-professional)

Section 2. Listing of Qualifications

Please attach as a separate document 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.

NOTE: It is encouraged that references submit a short statement (maximum 300 words) in support of the nominee. Statements should include specific examples of work the nominee has done to influence positive change in the lives of people with intellectual and other developmental disabilities.

1. Name _____

Home address _____

City _____ State _____ Zip _____

Phone number _____

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

3. 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 _____
Email _____

I've read and followed the submission guidelines for my application to be considered for the 2019 Advocacy and Leadership Awards. I understand my application will not be considered if the following documents are not completed:

- Section 1: Completed**
- Section 2: Completed with 'Listing of Qualifications' (required attached.**
- Section 3: Completed with 'Short Statements of Support' (optional) attached.**
- Submitted ON OR PRIOR TO, Monday, August 5, 2019.**

Submission Options: NOTE: all pages of this application must be submitted by **Monday, August 5, 2019** in one of the three ways:

- **Option ONE:** Email the application form to David Ingram, Systems Change Manager, at david.ingram@dhhs.nc.gov and info@nccdd.org
- **Option TWO:** Fax the completed application to 919-850-2915. Please include cover sheet indicating Full Name and total number of pages.
- **Option THREE:** Mail the application to:

North Carolina Council on Developmental Disabilities
ATTN: NCCDD Advocacy and Leadership Awards
3125 Poplarwood Court, Suite 200
Raleigh, NC 27604