## Jack B. Hefner Memorial Award

Section 1. Nomination Form

Phone number \_\_\_\_\_

## 2021 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 3, 2021 in Cary, NC, beginning at 5:30 p.m.

Name of nominee		
Name (as you wish it to appear on the award)		
Home address		
City	State	Zip
Phone number	Email	
The nominee is an:		
Family member of a person with an intellectu Volunteer (non-professional)	al or other development	al disability
Section 2. Listing of Qualifications  Please attach as a separate document a brief description of the nominee for this award. Give spin improving lives of people with intellectual or other of significant contributions and leadership. Please in	ecific information about or developmental disabili	the nominee's activities
<ul> <li>List nominee's advocacy experience</li> <li>Areas of strength/experience/achievements in the disabilities.</li> <li>List nominee's volunteer experience</li> </ul>	e area of intellectual or c	other developmental
Section 3. Supporting Information		
Identify <b>three</b> individuals who have knowledge of th	ne efforts of the nominee.	
NOTE: It is encouraged that individuals submit a sho the nominee. Statements should include specific exa positive change in the lives of people with intellectual	amples of work the nomin	ee has done to influence
1. Name		
Home address		
City	State	Zip

Email

2. Name			
Home address			
City			
Phone number	Email		
<b>3.</b> Name			
Home address			
City	Sta	te	Zip
Phone number	Email		
Section 3. Supporting Information	1		
Identify <b>three</b> individuals who have	knowledge of the efforts of the r	ominee.	
NOTE: It is encouraged that individuals nominee. Statements should include specified in the lives of people with intelegent	pecific examples of work the nomine	ee has dor	• •
<b>1.</b> Name			
Phone number			
Email			
<b>2.</b> Name			
Phone number			
Email			
<b>3.</b> Name			
Phone number			
Email			
Nomination submitted by:			
Full name			
Organization (if applicable)			
Title/relationship to nominee			
Home address			
City			
Phone number			<b>SNCCD</b>
Email			North Carolina Council Developmental Disabilit

I've read and followed the submission guidelines for my application to be considered for the 2021 Advocacy and Leadership Awards. I understand my application will not be considered if the following documents are not completed:

ction 1: Completed
ction 2: Completed with 'Listing of Qualifications' (required attached.
ction 3: Completed with 'Short Statements of Support' (optional attached.
ction 4: Completed (required)
bmitted ON OR PRIOR TO, Friday, July 30, 2021.

Submission Options: NOTE: all pages of this application must be submitted by Friday, July 30, 2021 in one of the three ways:

- Option ONE: Email the application form to Philip C. Woodward, Systems Change Manager, at philip.c.woodward@dhhs.nc.gov and info@nccdd.org
- **Option TWO:** Fax the completed application to 919-715-0325. 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 2010 Mail Service Center, Raleigh, NC 27699-2010

