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# Jack B. Hefner Memorial Award

## 2022 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 2, 2022 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 \_\_\_\_\_ Email \_\_\_\_\_

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

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

NOTE: It is encouraged that individuals 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 \_\_\_\_\_ Email \_\_\_\_\_

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**2.** Name \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Email \_\_\_\_\_

**3.** Name \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Email \_\_\_\_\_

**Section 4. Personal References (Required)**

Identify **three** (3) individuals as personal references who may be contacted to help evaluate the qualifications of the nominee.

**1.** Name (Individual #1) \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email \_\_\_\_\_

**2.** Name (Individual #1) \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email \_\_\_\_\_

**3.** Name (Individual #1) \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email \_\_\_\_\_

**Nomination submitted by:**

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



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I've read and followed the submission guidelines for my application to be considered for the 2022 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.
- Section 4: Completed (required)
- Submitted ON OR PRIOR TO, Sunday, July 31, 2022.

**Submission Options:** NOTE: all pages of this application must be submitted by **Sunday, July 31, 2022** in one of the three ways:

- **Option ONE:** Email the application form to Pam Hunter Dempsey, Systems Change Manager, at [pam.dempsey@dhhs.nc.gov](mailto:pam.dempsey@dhhs.nc.gov) and [info@nccdd.org](mailto:info@nccdd.org)
- **Option TWO:** Fax the completed application to 984-920-8201. 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