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# North Carolina Leadership Achievement Award

## 2021 Nomination Application



The North Carolina Leadership Achievement Award is presented to an outstanding North Carolina self-advocate whose work has 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.

### 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 \_\_\_\_\_

### 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, contributions and other distinguishing advocacy characteristics
- Areas of strength/experience/achievements in the field of intellectual and other developmental disabilities
- List nominee's distinguishing personal characteristics, advocacy work and other activities in the field of intellectual and other developmental disabilities

### 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 \_\_\_\_\_

2. Name \_\_\_\_\_

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

2. Name \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email \_\_\_\_\_

3. Name \_\_\_\_\_  
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 2021 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, 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](mailto:philip.c.woodward@dhhs.nc.gov) and [info@nccdd.org](mailto: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