**2021**

**CHAMPION OF INDEPENDENT LIVING SERVICES**

**NOMINATION FORM**

This award is given to an individual, business or organization in recognition of their contributions in support and advancement of individuals with significant disabilities to live as independently as they choose in their community.

Nominee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominees Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nomination Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When making your nomination, please provide a statement describing how the nominee embodies being a “Champion of Independent Living” through their efforts. How did this person, business or organization make a difference? Please include an explanation of the activities including the type of service, support, sponsorship or work provided that contributed to a person(s) with a significant disability living independently.

Please consider adding statements from individuals directly affected by the efforts of this nominee or attach a letter(s) of support. Please include a picture or articles that support the nomination. You may attach additional sheets, if needed. Please limit nomination and additional items to 5 pages or less.