

STATEWIDE AWARD NOMINATION FORM

Please check the Award Category for this Nomination:

Agency of Distinction	Exemplary Educator
Inclusive Employer	Distinguished Direct Support Professional (DSP)
Distinguished Professional of the Year	National Award for Distinguished Service
Distinguished Advocate of the Year	Employee of the year
Self-Advocate of Distinction	Promising Young Leader
Family of the Year Award Education Advocate of the Year Legislative Advocate of the Year Rehabilitation Professional of the Year	



Name of Nominee

Title or Position (if any):

Organization/Agency (if any):

Address:

City, State, Zip:

Phone:

Fax:

Email:

Using the descriptors for the award category, describe the activities of the nominee and tell why the nominee is deserving of this award. Describe characteristics of the nominee that make him/her/them worthy of recognition. Use additional sheets, as needed. Although not required, you may also submit relevant news clippings, letters of support, photographs, other documents or a synopsis of support for your nominee.

Name of Person Submitting Nomination:

Title/Position:

County:

Organization/Agency (if any):

Address:

City, State, Zip:

Phone:

Email:

DEADLINE FOR NOMINATIONS IS May 31, 2023 – EMAIL, OR MAIL NOMINATION FORM AND MATERIALS TO: Alabama disABILITY Conference, c/o The Arc of Alabama, 557 S. Lawrence Street, Montgomery, AL 36104
Email: tim@thearcofal.org