

2007 OFFICIAL ENTRY FORM

Jack B. Hefner

Memorial Award

Jack B. Hefner served the state of North Carolina as a member of the North Carolina Council on Developmental Disabilities (NCCDD) from 1982 until his death in 1994. As a father to a son with intellectual disabilities, "Big Jack" was willing to do whatever it takes to enhance quality of life for North Carolinians affected by disability. Jack B. Hefner's leadership inspired a generation of advocates and people with disabilities to work forcefully for full inclusion of everyone, regardless of ability.

On October 27, 1994, the NCCDD established the Jack B. Hefner Award to celebrate the vision and achievement of North Carolina's families and people with developmental disabilities. The Council presents the award annually.

Criteria for Nomination The NCCDD presents this award to an individual who has made significant contributions to enhancing quality of life for North Carolinians with developmental disabilities. Nominees are those individuals whose leadership, achievements, and lives advance a shared, contemporary vision of life for people with developmental disabilities.

Directions: Print this application, fill it out and fax to the NC DD Council at (919) 420-7917. DEADLINE: To be considered for the 2007 award, all nominee applications must be received in the Council offices by 5:00 pm Friday, July 6, 2007.

Section 1. Nomination Information

Name of Nominee _____

Name (as you wish it to appear on award) _____

Home Address _____

City _____ State _____ ZIP _____

Phone Number: Home () _____

The nominee is a(n):

- Individual with a disability
- Family member of a person with a disability
- Advocate/professional

Section 2. Listing of Qualifications

Please attach 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 the lives of people with disabilities, including examples of significant contributions and leadership.

List nominee's advocacy experience

Areas of strength/experience/achievements in the area of developmental disabilities

List nominee's volunteer experience

Section 3. Supporting Information or References

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

Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone Number: Office () _____

Home () _____

Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone Number: Office () _____

Home () _____

Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone Number: Office () _____

Home () _____

Nomination Submitted by:

Full Name _____

Organization (if any) _____

Title and relationship to nominee _____

Home Address _____

City _____ State _____ ZIP _____

Phone Number: Office () _____

Home () _____

Fax the completed form by 5:00 pm Friday, July 6, 2007 to:

NC Council on Developmental Disabilities

919-420-7917 (Fax); 919-420-7901 (Voice/TDD)

or mail (must be received by 7/06/07) to:

NC Council on Developmental Disabilities

3801 Lake Boone Trail, Suite 250

Raleigh, NC 27607

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FRIDAY, July 6, 2007**