

Guidelines for completing the Nomination Form

Please print or type all information. Be as specific and detailed as possible. The more legible and specific the information, the greater chance your nominee will have to be selected for an Imagine Award. The references you provide may be contacted as a part of the judging process. Therefore, the information you provide is vital to the nominee's success.

Nominees must either work, live, or be located in Clark, Floyd, Harrison or Washington Counties in Indiana or Jefferson County, Kentucky. A description of the award categories is listed below.

- **2010 Imagine Award for an Individual With a Disability.** This award is given to a person with a disability for outstanding personal achievements.
- **2010 Imagine Award for A Community Leader/Citizen/Volunteer.** This award acknowledges those whose actions have had a positive impact upon the lives of persons with disabilities. The individual is recognized for their on-going commitment to improve the lives of persons with disabilities through their personal and/or professional efforts.
- **2010 Imagine Award for a Business/Employer of People With Disabilities.** This award is given to a business that has shown a consistent commitment to employ and support persons with disabilities in the workplace.

Nominee

Name/Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Home Phone: _____ Work Phone: _____

Nominee's Place of Employment: _____ E-mail address: _____

Nominating Organization/Individual

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Person to Contact: _____

References

Name: _____ Phone: _____

Name: _____ Phone: _____

Award Category (circle one): Individual Community Leader Business

Signature of person making the nomination: _____

Organization of person making nomination (if applicable): _____

