

# NYSARC, Inc.

## Self-Advocate of the Year

### About the Award

**NYSARC, Inc. Self-Advocate of the Year:** *Presented to a Self-Advocate who has demonstrated leadership, personal growth and has positively influenced the lives of others.*

### Application Information

**Purpose of the Award:** The Self-Advocacy Award is designed to highlight, recognize and celebrate the achievements and contributions made by NYSARC, Inc. self-advocates. Nominees and recipients are people who not only use or have used our services but also help to shape those services in a manner that benefits others.

### Nomination Process:

1. The nominee must be a person who has an intellectual and other developmental disability and who uses or has used NYSARC, Inc. services.
2. The nominated person must be known to the Chapter for at least two (2) years at the time of nomination.
3. Nominations must be submitted to the NYSARC, Inc. Scholarship and Awards Committee from the Chapter's Board of Directors.
4. Only one nomination per Chapter will be accepted.
5. Application must be signed by the Chapter Board President.
6. The applications must be accompanied by at least one letter of support from a peer of the nominee.
7. A recent photo of the nominee must accompany the application.
8. The names of individuals who have been previously nominated but not recognized may be resubmitted for consideration.

**Application Information/Deadline:** The name of one individual must be submitted on the appropriate Nomination Form along with the additional information requested in the application by the deadline date.

**\*\* Please refer to the Nomination Form for deadline dates. Nominations received after the deadline date will not be considered eligible for the NYSARC, Inc. Self-Advocate of the Year.** Faxed copies will be accepted.

**Announcement of Recipient:** The NYSARC, Inc. Self-Advocate of the Year will be recognized at the NYSARC, Inc. Annual Convention.

CHAPTER: \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_



NOMINATION FORM FOR THE

**SELF-ADVOCATE OF THE YEAR AWARD**

**ALL INFORMATION ON THIS APPLICATION MUST BE TYPED  
FILL-IN APPLICATION FORMS ARE AVAILABLE ONLINE AT WWW.NYSARC.ORG**

**Return Deadline:**  
**May 10, 2010**

Name: \_\_\_\_\_  
Last First

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

Current Chapter Affiliation: \_\_\_\_\_ Number of Years Affiliated with Chapter \_\_\_\_\_

***I. Leadership and Contributions to Personal Growth***

**Has this nominee used his/her skills, talents and abilities to accomplish personal goals?**  
*Please give one example for each question checked "Applies".*

Participates in the defining and achievement of personal goals  Applies  Does not Apply

\_\_\_\_\_  
\_\_\_\_\_

Uses creativity in accessing and utilizing various sources of support (community, agency, staff, friends, family, etc.)  Applies  Does not Apply

\_\_\_\_\_  
\_\_\_\_\_

Demonstrates personal growth as a self-advocate and persistence in making personal goals & support needs known.  Applies  Does not Apply

\_\_\_\_\_  
\_\_\_\_\_

Demonstrates positive image and interactions with others.  Applies  Does not Apply

\_\_\_\_\_  
\_\_\_\_\_

**II. Leadership and Contributions to Others**

**Has this nominee positively influenced others (peers, staff, community agency)?**

Directly or indirectly has created pathways that enable others to achieve their own personal outcomes.

- Applies     Does not Apply

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Is actively involved in groups, boards/committees or other decision-making groups.

- Applies     Does not Apply

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Educates the public, organizations/schools through presentations or active participation and interactions.

- Applies     Does not Apply

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Has experience in advocating with elected officials and community leaders.

- Applies     Does not Apply

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**III. List Special Achievements and Recognitions**

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**IV. Why Is Your Chapter Recommending this Person?**

**Please Include at Least One Letter of Support From a Peer of the Nominee.**

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**Name and Title of Person Making the Nomination**

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**Date**

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**Signature of Person Making the Nomination (Required)**

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**Signature of Chapter Board President  
(Required)**

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**Date**

Please return this nomination form, a maximum of 3 letters of recommendation  
and a clear, current photograph by  
May 10, 2010  
to:

**NYSARC, Inc.  
Scholarship & Awards Committee  
393 Delaware Avenue  
Delmar, New York 12054  
Fax: (518) 439.1893**

***NOTE: Nomination forms may be faxed to the NYSARC, Inc. State Office up to the deadline date.  
However, original nomination forms must be immediately mailed to NYSARC, Inc.***

**NOTE: Due to the volume of applications received additional information will not be reviewed by the Committee.**