

## Nomination Form



Nomination Form may be mailed to:  
E.C. Human Rights Commission  
4525 Indianapolis Blvd. 2<sup>nd</sup> Floor  
East Chicago, IN 46312  
Phone (219) 391-8477  
Fax: (219) 391.8544

Nominee Information  
Residency Mandatory

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Award Category: (One award per category)  
Individual Adult, Youth, or Professional

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### *DISABILITY AWARD CATEGORY*

Nominator Information

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Company, Association, Organization \_\_\_\_\_

Please describe in essay form, a maximum of 4 paragraphs that explains the service that the youth, adult, or professional performs or provides. List achievements, unique contributions, special relationships and populations served.

The quality and clarity of this essay is very important to the selection committee, therefore must have clarity; is should describe the individual role in which they are involved.

**Please be advised that no one can nominate himself or herself.  
Applications must be submitted by March 6, 2015  
Mayor's Committee on Disability**