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DIEHARD AWARD NOMINATION FORM

***Entry Deadline: August 1*4*, 2024***

**GENERAL INFORMATION:**

**Please Check one:**

🞏 PROFESSIONAL ADVOCATE

🞏 SELF-ADVOCATE/GRASSROOTS ADVOCATE

Nominee’s Name: Click here to enter text.

Nominee's Address: Click here to enter text.

Nominee's Phone Number: Click here to enter text. Email: Click here to enter text.

Role/Job Title: Click here to enter text. Years of Service: Click here to enter text.

Nominator’s Name: Click here to enter text.

Nominator's Address: Click here to enter text.

Nominator's Phone Number: Click here to enter text. Email: Click here to enter text.

Affiliation to Nominee: Click here to enter text.

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**NOMINATION NARRATIVE:**

# Nominees must demonstrate some or all of these characteristics:

* Excellence in advocacy toward Self-Determination and Self-Direction principles, activities, and outcomes.
* Excellence in leadership on systems change in areas of community living, employment, housing, healthcare, education, and technology that enhance the lives of individuals with disabilities and their families throughout Wisconsin.
* Sets a high standard of excellence that promotes values of independence, productivity, inclusion, and self-determination for people with disabilities and their families.
* Commitment to growing Self-Advocacy in Wisconsin.
* Commitment to ensuring people in unserved or underserved communities from diverse cultural and economic backgrounds have a voice.

**Nomination Narrative Questions**

Please answer all questions. Narrative cannot be longer than 2 pages (including questions).

1. Tell us how the nominee has demonstrated leadership, creativity, and expertise that have benefited others and/or their community. Describe his/her accomplishments and commitment to advocacy. Click here to enter text.
2. Tell us why the nominee is a positive role model for others. Click here to enter text.
3. Share one story or example that demonstrates why this person is a Diehard Click here to enter text.

Only one nomination per nominator per category   
(professional advocate/self-advocate/grassroots advocate)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit your completed form no later than August 14, 2024 to:**

**Mail:** BPDD/Awards, 101 E. Wilson St., Room 219 \*\* Madison, WI 53703

**Fax:** 608-267-3906\*\* **Email:** [fil.clissa@wisconsin.gov](mailto:fil.clissa@wisconsin.gov)