

APPENDIX A. THE ANNUAL ATHENS CITY DISABILITY SERVICE AWARD

Section 1.2. Nomination Form.

Nominee: _____

Please check one: _____ Individual _____ Agency _____ Organization

Affiliation: _____

Email: _____

Phone: _____

Address: _____

Nomination Statement

Give a brief description (300-500 words) of why this nominee should receive this award and what this person or group has done to make life in Athens better for those with disabilities. Attach two to six letters from people able to provide supporting testimony (peers, parents, students, clients, etc.) and additional supporting materials. Attach additional pages if needed.

Nominated by: _____

Email: _____

Phone: _____

Address: _____