



Onslow Commission for Persons with Disabilities

PO Box 244, Jacksonville, NC 28541

www.onslowcommission.org

2016 COMMUNITY SUPPORT AWARD: NOMINATION GUIDELINES

PURPOSE: This award is designed to recognize community businesses, agencies and organizations that provide support to individuals with special needs in Onslow County.

ELIGIBILITY: Onslow County agencies, businesses and organizations that serve to enhance quality of life for adults with disabilities through training/education, supported employment, employment or volunteer opportunities are eligible to be nominated for this award. The judges will be looking for significant contributions the nominee has made to positively enhance quality of life for individuals with disabilities in Onslow County.

DEADLINE FOR NOMINATIONS: Thursday, October 1, 2016

RETURN TO: The Onslow Commission for Persons with Disabilities, P.O. Box 244, Jacksonville, NC 28541. All nomination materials must be submitted (online forms) no later than 5:00 PM on October 1, 2016. No late materials will be considered. For further information, contact Chairperson, Lorna Aschbrenner at 910-330-6736 or submit an email to the following address ocpd.onslow@gmail.com.

SELECTION CRITERIA

1. **NOMINEES WILL BE JUDGED** on materials submitted. A selection committee will consider nominations only on the basis of materials submitted. They will not "fill in the gaps" from their own knowledge or seek additional knowledge. Please provide as much information as possible within the framework allowed. You may want to select a person who is familiar with the nominee and who has good writing skills to prepare your nomination.
2. **NOMINEES WILL BE SELECTED** without consideration of race, age, gender, national origin, and/or political or religious affiliation.
3. **SELECTION COMMITTEE** will consist of three members

The three (3) members shall be non-members of the Onslow Commission for Persons with Disabilities.



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Selection Committee Members shall be chosen by Commission Board Members.

The Selection Committee Chairperson shall preside over the Selection Committee and will conduct the process of selecting the Community Support Award Winner. **The Committee shall strive to conduct a fair, equitable, and confidential process and to select the most eligible candidate to receive this prestigious award.** The Selection Committee will convene their first meeting as soon as possible after the deadline for nominations has passed.

After receiving the Nomination materials from the Commission, the Selection Committee shall agree to keep the name of the award recipient confidential from all persons other than the Chairperson and Secretary of the Onslow Commission, prior to the announcement at the Commission's Annual Awards Banquet.

4. **PRESENTATION** of the Community Support Award will be made at the Onslow Commission for Persons with Disabilities Annual Awards Banquet to be held on Thursday, October 20, 2016 at First Baptist Church, 1985 Gum Branch Road, Jacksonville, NC.

Tickets are available by contacting any Commission Member; contacting the Chairperson at 910-3330-6736 or submitting an email to: ocpd.onslow@gmail.com



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COMMUNITY SUPPORT AWARD 2015 NOMINATION FORM

Nominee's Name: _____

Address: _____ City: _____ Zip Code: _____

Telephone: (Work) _____ (Home) _____

PLEASE USE NO MORE THAN THREE (3) ADDITIONAL PAGES AND ATTACH TO THIS FORM IN THE FOLLOWING MANNER:

A. Please Describe:

Accomplishments and/or contributions this nominee has made justifying consideration for the Community Support Award. Please be specific as the judges cannot fill in the gaps of missing information.

B. Please Specify:

- (1) Nominee's current role in the community; (offers opportunities for employment, supported employment, training/education or volunteer work);
- (2) Nominee's significant contributions or achievements;
- (3) Other notable contributions to the community by the nominee;
- (4) Impact of the nominee's contributions or achievements on/for persons with disabilities.
- (5) Other notable information

C. Please Provide:

Any supporting material (e.g., magazines or newspaper clippings, letters of endorsement, photographs, etc.). These supporting materials will not be counted in the maximum of three (3) pages allowed. You are encouraged to submit copies rather than original materials as these items will not be returned.

NOTE: This form must be completed in its entirety and accompany your complete materials. Please do not bind materials in a scrapbook or binder. All nomination materials will become the property of the Onslow Commission for Persons with Disabilities. **Deadline for submission is Thursday, October 1, 2016**

NOMINATED BY:

Name (individual or group): _____

Office (if applicable): _____

Address: _____ City: _____

Zip Code: _____ Phone for Contact Purposes _____



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Email Address: _____