

2009 COVER FORM FOR NOMINATIONS

The Columbia Mayor's Committee on Employment of People with Disabilities (MCEPD) is requesting nominations for this year's awards. These awards honor those who have made important contributions to improve the quality of life and employment of those with disabilities. Enclosed you will find award nomination forms for the following categories:

Employer of the Year Award

Employee with Disability of the Year Award

Kristi Dawn McNair Student Award

Mary Mungo Outstanding Volunteer of the Year Award

The nominees must live or work in the following counties: Richland, Lexington, Kershaw, or Fairfield. If you wish to nominate an individual or organization, please complete the appropriate nomination form. One winner will be selected for each category and will be notified and asked to accept their award from City of Columbia Mayor Robert D. Coble on April 23, 2009 at the Mayors Committee Annual Awards Luncheon.

If you would like to make a nomination for an award and need assistance, additional information or extra nomination forms, please contact Sandy Bostick at (803) 737-5627.

The deadline for submitting nominations is Wednesday, April 1, 2009. All nominations should be submitted to: Diane Frazier, 1430 Confederate Ave., PO Box 2467, Columbia, SC 29202 or dfrazier@sccb.sc.gov. If you have any questions, please call her at 803-898-8818.

COVER FORM FOR NOMINATIONS

Please complete this cover form and the appropriate enclosed nomination form for the category in which you are nominating. The nominee must live or work in the following counties: Richland, Lexington, Kershaw, or Fairfield. Please include any additional information you deem relevant. Please type or print legibly.

Type of Nomination (*circle the desired category*):

Employer of the Year Award

Employee with Disability of the Year Award

Kristi Dawn McNair Student Award

Mary Mungo Outstanding Volunteer of the Year Award

Nominee's Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Nominator's Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Columbia Mayor's Committee on Employment of People with Disabilities
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2009 EMPLOYER OF THE YEAR AWARD

Name of Company/Agency _____

Company/Agency Representative _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

How many employees with disabilities did this company/agency hire last year? _____

How many employees with disabilities does the company currently employ? _____

Other reasons for nominating this company/agency _____

Please provide any supporting documentation that you feel necessary.

**DO NOT FORGET TO ATTACH THE COVER FORM FOUND
IN THIS PACKET.**

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2009 EMPLOYEE WITH DISABILITY OF THE YEAR AWARD

Nominee's Name: _____

Nominee's Job Title: _____

Name of Employer: _____

Describe nominee's disability. _____

Explain how nominee has adapted to his or her work environment.

Describe the nominee's past and/or present involvement in areas affecting people with disabilities on local, state or national levels.

Why do you think this nominee deserves this award?

Please provide any supporting documentation that you feel necessary.

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2009 KRISTI DAWN MCNAIR STUDENT OF THE YEAR AWARD

The Student of the Year Award is presented in recognition of outstanding accomplishments of a student with a disability who is 20 years of age or younger who attends a high school (public or private) in Richland, Lexington, Kershaw, or Fairfield counties.

Nominee's Name: _____

Year of Birth: _____ Current Grade: _____

Address: _____

Name of School: _____

School Address: _____

Describe the nature of the nominee's disability: _____

Describe the challenges the nominee encounters due to his/her disability. Describe how this nominee's initiative, resourcefulness and perseverance successfully addressed these challenges: _____

Describe nominee's academic accomplishments: _____

Describe nominee's extracurricular achievements and involvement: _____

Please provide any supporting documentation that you feel necessary

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2009 MARY MUNGO OUTSTANDING VOLUNTEER OF THE YEAR AWARD

The purpose of the Mary Mungo Outstanding Volunteer of the Year Award is to honor an individual who has improved the general quality of life and employment of people with disabilities through volunteering their time, energies and talents. The nominee must live or work in the following counties: Richland, Lexington, Kershaw, or Fairfield.

Nominee's Name: _____

Address: _____

Nature of volunteer service: _____

Organization(s) and/or individuals with who nominee volunteered: _____

Length and amount of time volunteered: _____

Effects of nominee's volunteer involvement: _____

Please provide any supporting documentation that you feel necessary

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