



Office of Administration  
**GOVERNOR'S COUNCIL ON DISABILITY**

6<sup>th</sup>

# Annual Youth Leadership Award

The Governor's Council on Disability will honor a youth with a disability that is demonstrating outstanding leadership, advocacy, and dedication to and for the disability community at large in Missouri.

**Eligibility requirements for this award:**

- Meet the age requirement: 16-26 years old
- Must be a Missouri resident
- Must have a disability
- An individual currently engaged in volunteer services that improve the quality of life of people with disabilities in Missouri.

**Criteria for this award may include one or more of the following:**

- **Academic Achievement** based on academic excellence, and aptitude.
- **Extra Curricular Activities** based on demonstrated participation, leadership, and time commitment to the activity.
- **Community Service Activities** based on demonstrated participation, leadership, and time commitment to the activity.
- **Work or Vocational Experiences** based on experiences, responsibilities assumed, and initiative demonstrated in a work activity.

**Requirements for submission:**

A typewritten essay is to be limited to 750 words. Letters of support, recognitions, or other materials that demonstrate the exceptional nature of the candidate can be attached to the narrative. All submissions must include the **nomination form** that clearly states:

- The Nominee's Full Name
- Address
- Telephone Number
- Email address
- Date of Birth (for proof of age requirement)
- Educational Facility/School or Place of Work
- Name of Nominator

- Nominator contact information (Agency/Address/Phone Number/Email)

Please submit typed nomination sheet, typed essay, and letters of support or recognitions to the Governor Council on Disability (GCD). If additional information is needed, GCD will contact you directly. References will be contacted, so please provide us with telephone and e-mail information for them. You may submit nominations via e-mail, mail, fax or on the Governor's Council on Disability's website (<http://disability.mo.gov/gcd>, click on Youth Leadership Award).

**Deadline for submitting nominations is January 31, 2019.**

**Please submit your completed nomination using one of the following methods:**

**1. Mail**

GOVERNOR'S COUNCIL ON DISABILITY  
301 West High Street, Room 840  
PO Box 1668  
Jefferson City, MO 65102-1668

**2. E-mail**

E-mail: [christina.brazell@oa.mo.gov](mailto:christina.brazell@oa.mo.gov)

**3. Internet**

Website: <http://disability.mo.gov/gcd>, click on Youth Leadership Award

**4. Fax**

Fax number: (573) 526-4109

For questions or additional information, please contact the Governor's Council on Disability at (573) 751-2600 or toll-free (800) 877-8249.

**All questions on the nomination form must be completed or the nomination will be disqualified. Please use the attached nomination form to provide the information.**

**Deadline for submitting nominations is January 31, 2019!**

# Youth Leadership Award

## Nomination Form

### Nominee Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ (nominee must be between 16-24 years of age)

Organization/Employer or School Nominee represents (if applicable):

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Nomination Essay: Please limit your response to 750 words**

## Nomination Submitted By:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization Nominator represents (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

## Verification:

Please provide supporting documentation or **references** to verify the scope and extent of the nominee's activities. References should be familiar with the nominee's achievements, but not a family member or relative of the nominee. The nominator does not count as a reference. Please provide the following information for all references.

### Reference(s):

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization Reference represents (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_