

## Office of Administration GOVERNOR'S COUNCIL ON DISABILITY

2025 Youth Leadership Award Nomination Preview - please submit online nomination at

https://tinyurl.com/2025YouthLeadershipAward

Governor's Council on Disability

13th Annual Youth Leadership Award

The Governor's Council on Disability's annual Youth Leadership Award program recognizes and honors Missouri youth (ages 16-26) with a disability that demonstrate leadership skills and advocate for positive changes and inclusive practices for the disability community. These leadership and advocacy efforts can be demonstrated at a local, regional, or state level.

Please answer the following questions to submit your nomination.

information of the person you are nominating)
First Name
Last Name
Age of Nominee (nominee must be between 16-26 years of age)
Organization nominee represents (if applicable)
Street address

Nominee Information (please enter the name and contact

City
State
Zip Code
Phone number
Email address

## Block 1

Nomination Questions

leadership and ad	dvocacy efforts	
(Please select all	that apply)	
☐ High School		
☐ College/University		
Tech or Trade School		
☐ Place of Employment		
Club or Organization		
☐ Community		
Regional Level		
State Level		
	Other	

Please select the areas where the nominee has shown

## Nomination Essay

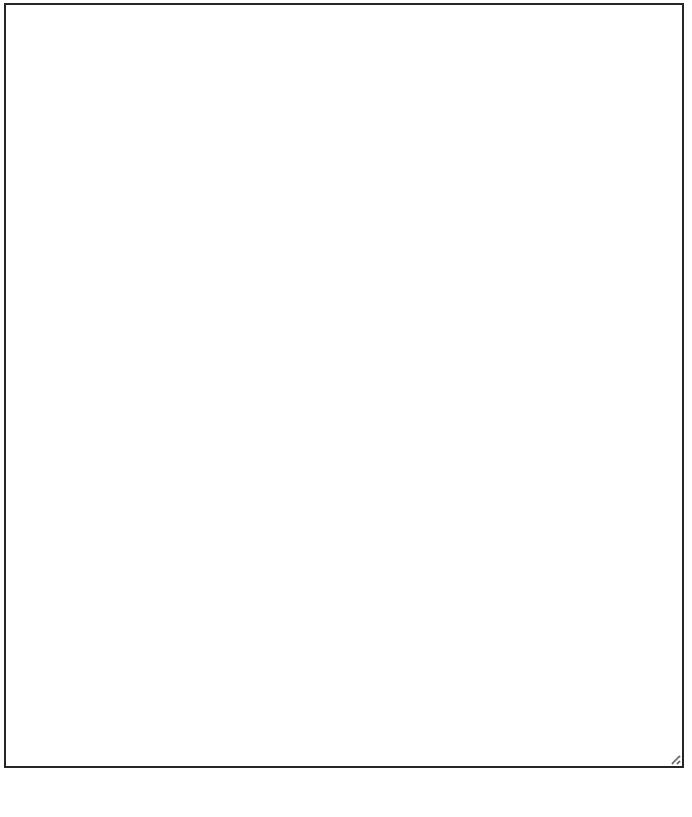
Please describe how the nominee has demonstrated leadership skills and advocacy efforts to improve the inclusion of individuals with disabilities.

Demonstrate how their efforts have brought positive changes and inclusive practices for the disability community.

To support your nomination, you may include information about

- \* Academic Achievements
- \* Extra Curricular Activities
- \* Community Service Activities
- \* Work or Vocational Experiences
- \* Volunteer Services

(The essay can either be typed in the space below, or uploaded as a Word or PDF document. Please limit your essay to 750 words)



Nomination Essay (attach only if not typed above)

Examples: Letter of support, newspaper article or published materials about the nominee
Block 2
Nominator Information
Nomination submitted by:
First Name
Last Name
Organization nominator represents (if applicable)

Supporting document (optional)

What is your relationship to the nominee?	
	<i>l.</i>
Phone number	
Email address	

## Block 3

References

Please provide two references to verify the scope and extent of the nominee's activities. References must be familiar with the nominee's achievements, but not be a family member or relative of the nominee.

Reference I

First Name
Last Name
Organization reference represents (if applicable)
Phone number
Email address
Reference II
First Name

Last Name
Last Name
Organization reference represents (if applicable)
Phone number
Email address