

**Massachusetts Advocates Standing Strong**

**Gunnar Dybwad Supporter Award**

**One For Each Region**

**Nomination Form**



**TO NOMINATE SOMEONE FOR THIS AWARD THEY MUST BE A:**

- A Supporter to a self advocacy group in your region
- A Supporter who consistently brings issues of concern to you and your group
- A Supporter who has helped you take action on an issue.
- A Supporter who listens to the self-advocates and follows through on their decisions

**You can easily fill out this nomination form online at**

**<https://www.waremass.org/the-gunnar-dybwad-supporter-award>.**

**My Region is:** \_\_\_\_\_

**I NOMINATE:**

**NAME:** \_\_\_\_\_

**Who is the supporter to the** \_ \_\_\_\_\_.

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

PLEASE ANSWER ALL THE QUESTIONS BELOW ABOUT THE PERSON YOU ARE NOMINATING.

1. I would like to nominate \_\_\_\_\_ because:

2. How has this supporter helped you better understand self-advocacy?

3. How has this supporter helped the leadership of your self-advocacy group to grow?

4. Has this supporter brought issues of statewide and nationwide self-advocacy to the attention of your group?

**Circle:**      **Yes**                      **or**                      **No**

5. What are some of the issues that he/she brought to the group?

6. How long have you been a self-advocacy group member?

**PLEASE FILL THIS OUT ONLINE**

**OR RETURN THIS FORM TO YOUR COORDINATOR  
BY**

**Fri April 14, 2023**

**Thank You!**

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