



ORA 2024 AWARD NOMINATION FORM

Nominators must be a current ORA member. Please read the criteria for each award carefully and submit any documentation and supporting evidence reflecting the appropriate criteria.

Name of Nominee: _____

Nominee's Complete Address: _____

Nominee's Daytime Phone #: _____

Nominee's Email Address: _____

Award Category: _____

Name of Nominator: _____

Nominator's Complete Address: _____

Nominator's Daytime Phone #: _____

Nominator's Email Address: _____

Submission Date: _____

NOMINATIONS MUST BE RECEIVED BY JULY 31, 2024

On a separate sheet of paper (in narrative form) please state why you believe this individual or organization should receive the award. Statements should be specific as to the nature, scope and importance of the contribution made by the Nominee to the rehabilitation of persons with disabilities. You may add explanatory statements and/or corroborating materials from other individuals or organizations. All statements must be signed. This form may be photocopied, however, please use a separate form for each nomination.

Forward this original Nomination Form and any supporting material to:

Libby Land, ORA Awards Chair
awards@ohiorehab.org

Questions? Contact . . .
the ORA Home Office (Vickie Leeming) at oravickie@accesstoledo.com