



**Recognizing champions for youth  
with disabilities...**

# **Spirit of Hope Award**



*In memory of  
John Peterson,  
KYEA Friend*

**Nominate yourself or someone else!**

Do you know someone who has a true belief in the potential and abilities of youth with disabilities? There are people all over this state who are champions for young people with disabilities... they promote the contributions of youth and have a passion for empowering our next generation. This award celebrates people from all walks of life that recognize the potential and worth of youth with disabilities in our state.

## **Qualifications** *(must meet one or more of the following):*

- Have demonstrated a consistent belief in youth with disabilities (ages 5-25) for at least one year. Examples: volunteer at KYEA, involvement in another youth program, actively sharing a message, etc. *(required)*
- Inspires youth with disabilities to strive for more and achieve their dreams.
- Have shown support for a cause that empowers youth with disabilities.
- Shows a belief in youth with disabilities being included in all aspects of society (recreation, health, employment, relationships, etc). The nominee could have a passion for one or more of these specific areas.
- Nominee must be 18 years old or above. *(required)*

*NOTE: The nominee does not have to have a disability or work in an organization for people with disabilities. We seek nominees from all parts of our community.*

**Our Spirit of Hope award winner will be recognized at our Kansas Youth Leadership Forum Mentor Luncheon held on July 11.**

***For nomination form (see back side)***

**ALL NOMINATIONS DUE BY JUNE 7, 2019.**



# Spirit of Hope Award

## Nomination Form

### Your Information:

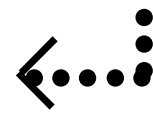
Name \_\_\_\_\_

Address \_\_\_\_\_  
City State ZIP

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Nominee \_\_\_\_\_  I am

**IMPORTANT!! Please attach an additional sheet that lists contact information for two references.**



nominating myself.

### Nominee:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Please respond to the following questions: (questions should be answered in a full page letter)

1. Describe how the nominee has shown a passion for and belief in youth with disabilities (*please list specific involvement and examples*).
2. Why do you feel that the actions of the nominee are deserving of this "spirit of hope" award?

**Send nomination form to:**  
Kansas Youth Empowerment Academy  
517 SW 37th St., Suite B, Topeka, KS 66611  
carrieg@kyea.org / 785-215-6699 Fax