Helping Hands Award Nomination Form

DEADLINE FOR NOMINATIONS: OCTOBER 1, 2017
Only members may submit nominations.

Criteria: The Helping Hands Award is given to a recipient who has made an outstanding contribution directly or indirectly to children, youth, and/or adults with learning disabilities. The recipient shall be or has been a member of LDA-IA. No more than two such awards may be given in any year. This is considered the highest award granted by the association.

Send completed nomination form to any of the following:

<table>
<thead>
<tr>
<th>LDA-IA Awards Committee</th>
<th>LDA-IA Awards Committee</th>
<th>LDA-IA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barb Van Sickle</td>
<td>Donna Schletzbaum, Chairperson</td>
<td>Kathy Specketer, State Coordinator</td>
</tr>
<tr>
<td>600 E. Hillcrest Ave., #303</td>
<td>12841-140th Ave.</td>
<td>5665 Greendale Rd., Ste. D</td>
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<tr>
<td>Indianola, IA 50125</td>
<td>Indianola, IA 50125</td>
<td>Johnston, IA 50131</td>
</tr>
</tbody>
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**Nominations may also be emailed to: kathylda@askresource.org or faxed to (515)243-1902.**

Awards will be selected by October 7th and presented on October 22, 2017 at the LDA-IA annual conference.

PERSON MAKING NOMINATION:
Name ____________________________________________
Address ____________________________________________
City ___________________________ State_______ Zip______
Phone (____ ) ___________________________ Email ____________________________

NOMINEE INFORMATION:
Nominee’s/Organization’s Name ____________________________________________
Title or Position of Nominee ____________________________________________
Address ____________________________________________
City ___________________________ State_______ Zip______
Phone (____ ) ____________________________

Present Occupation and Responsibilities ____________________________________________
Education Completed ____________________________________________
________________________________________________________________________
________________________________________________________________________

-1-
Background Experience

Please explain (in a paragraph) how the person you have nominated has made an outstanding contribution directly or indirectly to children, youth, and/or adults with learning disabilities.