

## 2016 Hope Award Nomination

The Cerebral Palsy Association of Colorado Springs honors a member, members or group of our community each year for their dedication, knowledge and commitment to children with disabilities and their families.

The following criteria are generally used to identify those deserving of this award:

1. The nominee(s) have made their home and the bulk of their career serving children with disabilities and their families in the Pikes Peak Region.
2. The nominee(s) have made significant contributions to improving health services and community opportunities of said children and their families.

Please respond with your nomination by **Nov. 15<sup>th</sup>, 2015** to:

Cerebral Palsy Association of Colorado Springs  
1322 N. Academy Blvd. Ste 115  
Colorado Springs, CO 80909  
Or email: [cpacs@msn.com](mailto:cpacs@msn.com)

**Nominee Name:** \_\_\_\_\_ **Contact Phone #** \_\_\_\_\_

**Place of Business or Personal Address:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

How long have you known nominee? \_\_\_\_\_

Please explain why you believe this nominee is deserving of the Hope Award:

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Would you be willing to speak on behalf of this nomination or do you know someone who would, during the presentation ceremony? (Name if different) \_\_\_\_\_

**Your name:** \_\_\_\_\_ **Phone # hm** \_\_\_\_\_ **cell** \_\_\_\_\_