



2021 Family Leadership in EHDI Programs Award

Nominations are invited for the Family Leadership in EHDI Programs to be presented at the 2021 National EHDI Virtual Conference. This is the fifth year for this award and will honor a parent or family member of a child who is deaf or hard of hearing (DHH) for providing exemplary leadership in their state EHDI system. NCHAM’s Family Advisory Committee will review nominations and select the recipient. The award will be announced at the EHDI meeting **between March 2nd-4th.**

Criteria

Nominees must meet **all of** the following criteria:

1. Is a parent or family member of a child who is DHH
2. Is actively involved in their state's EHDI system
3. Has made important contributions to EHDI-related policies, procedures, and/or improved services

Submission materials

1. Completed nomination information below. Please save nomination information form with title with your nominator’s initials (example: Name:Eddie Dee- save file as “ ED Nomination Information”)
2. A 500-word essay that describes publications, policies or guidelines that improved the effectiveness of EHDI system, development and dissemination of educational materials, development and dissemination of effective public awareness campaigns, establishment of a successful family-to-family support program or other accomplishments that describe why this person should receive the Family Leadership Award. Please save the essay file with nominator’s initials (example: name: Eddie Dee- save file as “ED Nomination essay”)

The selection committee will only review materials submitted in the application and will not be able to conduct their own research to determine nominee’s background and qualifications.

Selection and Award Process:

Nominations must be sent to Laura Gramer at laura@gramer.com by January 29, 2020. The award recipient and the nominator will receive an email notification by February 11th, 2020.

Nominator Information

Name of individual submitting the nomination _____
 Title _____ Organization Address _____
 Phone _____ Fax _____ E-mail _____

Nominee Information

Name of Nominee: _____
 Title _____ Credential/Degrees: _____
 Organization _____
 Address _____
 Phone _____ Fax _____ E-mail _____
 Association with child who is deaf or hard of hearing _____