



**Annual Awards**  
2919 W Second St. Wichita, 67203, 316-943-1191  
Thursday, May 1, 2025

Annual Membership Mtg. 6:00 pm  
Annual Awards 7:00 pm

**Deadline Date to receive Nominations is Friday, April 4, 2025**

**Your Contact information (Person submitting the nomination)**

*You will be contacted, if your nominee is selected to arrange his/her attendance to receive the award:*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: (wk) \_\_\_\_\_ (hm) \_\_\_\_\_ (cell) \_\_\_\_\_

**One Nomination per Form (Nominee)**

**Name of Nominee (Make sure spelling is correct for the award):**

Name: \_\_\_\_\_

**Award Categories (Select One)**

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Achiever of the Year                     | <input type="checkbox"/> Case-manager of the Year      |
| <input type="checkbox"/> Robbie Carlstedt Young Achiever of the Year    | <input type="checkbox"/> Direct Care Staff of the Year |
| <input type="checkbox"/> Bryan Keck Self Advocate Volunteer of the Year | <input type="checkbox"/> Employer of the Year          |
| <input type="checkbox"/> Sibling of the Year                            | <input type="checkbox"/> Teacher of the Year           |
| <input type="checkbox"/> Guardian of the year                           | <input type="checkbox"/> Para-professional of the Year |

**Explain why** you are nominating this person. Please give **DETAILS** to help us in our selections. If they are affiliated with an agency/school, please note the name of the agency/school. **Write on back side or attach additional sheets for explanation, if needed.**

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