



Governor's Committee on Disability Issues and Employment

TOBY OLSON LIFETIME IMPACT AWARD

Endorsement Letter

(Note: The nominator may not submit a Letter of Endorsement.)

Your Name: _____ Nominee's Name: _____

Best way to contact you (phone, email, etc.): _____

Nominator Name: _____

Please check one:

Current GCDE Member Former GCDE Member Emeritus Member

What is your relationship to the nominee? _____

How long have you known the nominee or their work? _____

In the box below please state, in 500 words or less, your reasons for endorsing this nomination. Please describe the person's accomplishments which have changed the lives of those in the disability community by expanding their rights, inclusion, and socioeconomic integration.

- By submitting this endorsement, I attest the information I am providing is accurate and complete.

Endorser's Signature

Date