

**New Hope Center Progressive Partnership Awards**

Sponsored by New Hope Center, Inc.

*Self-nominations are encouraged*

Deadline for submissions is January 15

**Nominee Information:**

Description of Contribution:

Person or Organization Nominated:

Person's Employer or Media Outlet:

Street Address:

City/State/Zip code:

Work phone:

Home/Cell phone:

Email address:

Website address:

**Nominator Information***(if other than nominee):*

Name of Nominator:

Street Address:

City/State/Zip code:

Work phone:

Home/Cell phone:

Email address:

**Award Category:** *(Select one)*

Organization

- Company
- Religious Group
- Club
- Organized Group
- Foundation

Community Professional -  current  retired

- Community and Government Official
- Career Professional
- Educator
- Community-active Individual

Student

- High School Student
- College Student
- Student Body
- Student Club

Media

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> TV News/Feature   | <input type="checkbox"/> Photojournalism      | <input type="checkbox"/> Internet      |
| <input type="checkbox"/> TV Documentary    |   |  |
| <input type="checkbox"/> TV PSA or Ad      | <input type="checkbox"/> Radio News/Feature   | <input type="checkbox"/> Student       |
|  | <input type="checkbox"/> Radio PSA or Ad      |  |
| <input type="checkbox"/> Print News        |   |  |
| <input type="checkbox"/> Print Feature     | <input type="checkbox"/> Special Contribution | <input type="checkbox"/> Book          |
| <input type="checkbox"/> Print Advertising | by an Individual                              |  |
| <input type="checkbox"/> Print Commentary  | <input type="checkbox"/> Special Contribution | <input type="checkbox"/> Entertainment |
|  | by an Organization                            |  |

**Please complete all information below:**

Nominee's Name:

Audience: (Who are the primary constituents, listeners, viewers, readers – i.e., general public, professionals, children?)

Distribution: (Local, regional, county, state, national)

Timeframe/Running time/Approximate word count:

Date story was first presented to the public:

Captioning provided? (*if applicable*):

*Note: PSAs funded or produced by an agency of the federal government must be closed-captioned.*

*Note: Broadcasters, please request the captioned version of the piece to use as your entry.*

**STORY TITLE:**

Brief description of entry:

Where did this work appear? (*Include operational URL link if available*):

Check at least two (2) of the following four (4) required entry criteria:

- Produced/initiated in Wisconsin.
- Produced/initiated by an organization with corporate headquarters in Wisconsin.
- Contributions feature individuals with disabilities affiliated with NHC in the creation, implementation or production of the opportunity, materials, and/or community involvement event.
- Contributions were implemented, published, broadcasted or distributed in East Central Wisconsin.

Please submit any applicable supporting materials below (*i.e., brochures, press releases, etc., that refer to the submission*). Include a brief description of supporting material.

How did the piece advance issues of importance for individuals with disabilities at New Hope Center?

How did the piece advance issues of importance for individuals with disabilities in East Central Wisconsin?

**Deadline for submissions is January 15**

All materials should be clearly labeled with the title of submission and the name of the nominee and mailed to:

New Hope Center Inc.  
Award Nominations  
443 Manhattan St.  
PO Box 189  
Chilton, WI 53014

[nominations@newhopeinc.org](mailto:nominations@newhopeinc.org)

920-849-9351