

OUTSTANDING CITIZEN

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

The Metro Area Mayors Committee for People with Disabilities highest honor given to an individual in the metro area with a disability for outstanding achievement in the world of work and/or significant contributions that increase public awareness of people with disabilities. In the space below write a narrative describing the person, how they have coped with their disability, type of work they do, and the contributions they have made in the metro area. Two letters of support are required with this nomination. After completing this form mail it to MAMC PO Box 162 Fargo, ND 58107.

Signature of nominee: _____