

## ABOUT THE NOMINEE

Explain your desired or current business entrepreneurial venture.

How would the Judd Jacobson Memorial Award allow you to bring your business endeavor to fruition or impact your existing business?

Explain the future plans of your business. How would this award help?

Why should you receive the Judd Jacobson Memorial Award?

How did you hear of this award?

**Please attach/include supplementary information to support your nomination, including a biography, resume, letters of recommendation, news clippings or a business plan.**

### RETURN NOMINATION FORM AND SUPPORTING MATERIALS BY FRIDAY, July 22, 2011 TO:

Sue Warner, Marketing Communications  
Courage Center  
3915 Golden Valley Road, Minneapolis, MN 55422  
Phone: 763-520-0263 / Fax: 763-520-0562  
sue.warner@CourageCenter.org



## Judd Jacobson Memorial Award

An annual award presented by Courage Center to a person with a physical disability who has an entrepreneurial business endeavor

### THE AWARD

Established in 1992, the Judd Jacobson Memorial Award recognizes the pursuit or achievement of a business entrepreneurial endeavor by a person with a disability. The award recipient receives a \$5,000 cash award to advance their business endeavor. This year's winner will be honored at a recognition event on Wednesday, Oct. 5, 2011. The award recipient should demonstrate entrepreneurial skill, financial need, exceptional personal commitment and have received little or no public recognition.

The Award is named for Judd Jacobson, a Minnesota business leader who became a quadriplegic as a result of a diving accident in 1943. The award exemplifies the business entrepreneurial spirit of Jacobson who was a committed, creative and innovative spirit in both his vocational and avocational endeavors. Funds for the Award are made possible by a gift from Daniel J. Gainey, a lifelong friend of Jacobson.

The deadline for nominations for this year's Judd Jacobson Memorial Award is Friday, July 22, 2011.

### ELIGIBILITY

- have a physical disability or sensory impairment;
- demonstrate pursuit or achievement of an entrepreneurial business endeavor;
- be 18 years of age or older, and
- reside in Minnesota, Wisconsin, Iowa, North Dakota or South Dakota.

Individuals and groups are welcome to apply for the award. Courage Center employees are not eligible.

### SELECTION PROCESS

To be considered for the Award, nominees must complete a nomination form and clearly specify how the money will be used to further their business endeavor. Nominees may attach supplementary information to support their nomination, including a biography/resume, letters of recommendation and a business plan. Finalists will be asked to come to Courage Center for an interview. The recipient and runners up will be notified of the selection committee's decision shortly after the interview.

### ABOUT COURAGE CENTER

The Judd Jacobson Award is administered by Courage Center, a nonprofit rehabilitation and resource center for people with physical disabilities, brain injuries, speech or vision impairments, or hearing loss. Headquartered in Minneapolis, Courage Center offers comprehensive services to people of all ages. Courage Center's wide-ranging services are designed to empower people with disabilities to realize their full potential in every aspect of life. For more information, visit [www.couragecenter.org](http://www.couragecenter.org).

### FOR MORE INFORMATION

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NOMINATION FORM  
2011 Judd Jacobson Memorial Award

Personal or professional organization(s)  
the nominee is associated with

Date \_\_\_\_\_

PERSONAL

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Educational Background:

Describe the nature and extent of your physical disability (please be specific):

When and how did you acquire your physical disability? (please be specific):

NOMINATOR

Who is making this nomination?  Self  Other

If other, please complete this section. If self, please skip.

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to Nominee \_\_\_\_\_

How did you hear of this award? \_\_\_\_\_

May we contact you for more information?  Yes  No

Organization \_\_\_\_\_

Full-time job  Part-time job  Volunteer

Comments

Organization \_\_\_\_\_

Full-time job  Part-time job  Volunteer

Comments

Organization \_\_\_\_\_

Full-time job  Part-time job  Volunteer

Comments

Organization \_\_\_\_\_

Full-time job  Part-time job  Volunteer

Comments

Organization \_\_\_\_\_

Full-time job  Part-time job  Volunteer

Comments