



Down Syndrome Indiana is dedicated to enhancing the lives of individuals with Down syndrome. Our mission is to serve as a conduit of information, support and advocacy for individuals with Down syndrome and their families, which promotes growth and inclusion in the community.

- Star Award Nominations -

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A star was chosen to represent the Down Syndrome Indiana for several reasons:

Focus

Parents, siblings, educators, and other friends and family often describe individuals with Down syndrome as “stars”, or the center of attention.

The star logo recognizes that quality, and reminds us of our need to challenge ourselves and society to see all individuals with Down syndrome for their contributions to their community.

Achievement

A star has long been a symbol of achievement. The star logo reminds us of the importance of all “achievements” of individuals with Down syndrome.

Inspiration

As a group of people familiar with the history of Down syndrome and its treatments, we recognize that we are still at the beginning of our journey to discover the full potential of individuals with Down syndrome. The star represents our collective reaching for a brighter future for all individuals with Down syndrome.

Each year, Down Syndrome Indiana celebrates all individuals that have been instrumental in continuing their mission within the Down syndrome community. One dedicated individual who has made long-term contributions to the Down syndrome community will be honored at the Annual Holiday Party with the reception of the reputable “STAR Award”.

If you would like to nominate someone special for a “STAR Award”, please complete the following nomination form and return it to Lisa Wells, DSI Executive Director. The deadline for 2018 nominations is Friday, October 26th at 2:00pm. Please note that while we appreciate their many contributions, DSI Staff and Board Members are ineligible for this award.

Thank you,
Down Syndrome Indiana



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STAR Award Nomination Form

Please include the following information for the nominee so we can send them of their nomination and invite them to the DSI Holiday Party on Friday, December 1st. Please submit nominations to Lisa Wells by Friday, October 26th at 2:00pm. DSI Staff and Board Members are ineligible.

US Mail: 708 E. Michigan St., Indianapolis, IN 46202 / Email: lisa@dsindiana.org / Fax: 317-925-7619

Nominee: _____ Self-Advocate Volunteer Educator Fundraiser Health Care Professional

Nominee Address: _____
Street Address City, State, Zip Code

Nominee Phone: (____) _____ Nominee Email: _____

Name of Person Nominating Individual: _____ Phone: (____) _____

How long have you known the nominee? 1 yr. or less 2 to 3 yrs. 4 to 6 yrs. More than 6 yrs.

In what capacity have you known the nominee? Personally Professionally Other: _____

In the space provided below, please rate the applicant in the respective categories using the rating scale below:
0-insufficient knowledge; 1-below average; 2-average; 3-above average; 4-outstanding

	0	1	2	3	4
Dependability					
Vigor, Initiative					
Leadership					
Ability to communicate and establish relationships					
Innovation and creative ideas					
Support (Economical, technical, etc.)					

Why is the nominee a Shining Star in their dedication to individuals with Down syndrome?
 Please feel free to submit collaborative documentation or letters of support along with your nomination for consideration.

Has this nominee been previously recognized for their contribution(s) within the Down syndrome community?
 No Yes: _____
Award Received Year