

Barbara Jordan Media Awards Entry Form

Self Nominations are encouraged

Please print out and submit to the address at the bottom of the form (email or postal mail)

Nominee Information:

Person or Organization Nominated (required)

Person's Employer (required)

Street address (required)

City/State/Zip (required)

(_____)_____
Work phone

(_____)_____
Home phone

(_____)_____
Fax

Email address (required.)

Nominator: Self Other than nominee

Nominator Information (if other than nominee)

Name of nominator _____

Employer _____

Street address _____

City _____ State _____ Zip code _____

Nominator work phone (_____) _____ Home phone (_____) _____

Fax (_____) _____ Email address _____

Award Category (check one)

<p>Television</p> <ul style="list-style-type: none"> ◆ Public Service Announcement <input type="checkbox"/> ◆ Documentary <input type="checkbox"/> ◆ Entertainment <input type="checkbox"/> ◆ News/Feature <input type="checkbox"/> ◆ Extended Feature <input type="checkbox"/> ◆ Advertising <input type="checkbox"/> 	<p>Print</p> <ul style="list-style-type: none"> ◆ Editorial Commentary <input type="checkbox"/> ◆ News Article <input type="checkbox"/> ◆ Feature Article <input type="checkbox"/> ◆ Advertising <input type="checkbox"/>
<p>Radio</p> <ul style="list-style-type: none"> ◆ Public Affairs Programming <input type="checkbox"/> ◆ News/Feature Story <input type="checkbox"/> ◆ Advertising <input type="checkbox"/> 	<p>Special Contributions</p> <ul style="list-style-type: none"> ◆ Individual <input type="checkbox"/> ◆ Organization <input type="checkbox"/> ◆ Student <input type="checkbox"/>
<p>Photojournalism <input type="checkbox"/></p>	<p>Internet (NEW category) <input type="checkbox"/></p>

Complete all information requested. Please limit all answers to 150 words.

Please circle one:

Producer / Director / Author Name _____

Audience (Who are the primary viewers, readers or listeners - e.g., general public, children, professionals?)

Distribution: Local Statewide

Running time: (minutes, if applicable) _____

Captioned: Yes No

PSAs funded or produced by any agency or instrumentality of the federal government must be closed-captioned

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

Product title _____

Brief description of entry

Where did this work appear? (Include operational link for Internet submissions)

Date it appeared _____

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

- Produced in Texas
- Produced by an organization with corporate headquarters in Texas
- Used Texans with disabilities in the creation or production of the materials
- Broadcast, published or distributed in Texas

Please submit a numbered list of supporting material below (if applicable; ie. Brochures, press releases, etc, for Special Contributions by an organization):

1. _____
2. _____
3. _____
4. _____

How did the piece advance issues of importance for Texans with disabilities such as access, communication, education, emergency management, health, housing, recreation, transportation, veterans or workforce?

All materials should be clearly labeled with name of submission, name of nominator and name of nominee and mailed to:

**Barbara Jordan Awards
Texas Governor's Committee on People with Disabilities
PO Box 12428
Austin, Texas 78711**

jo.virgil@governor.state.tx.us

(512) 463-5740

(512) 463-5739

Please make sure the nominee and nominator, along with contact information, are clearly marked on all materials.