

**APPLICATION FORM - CHRONIC ILLNESS COALITION AWARD OF COURAGE**

**Courage** – The quality of facing and overcoming dangerous or difficult circumstances with resolve, perseverance and selflessness; to face adversity with resolution and fortitude in spite of all opposing forces.

The Award of Courage will be awarded to an individual afflicted with a chronic illness as well as a caregiver of a person(s) with a chronic illness. Determining criteria is listed below and will be decided upon by a nominating committee based on a 0-4 point system. Only members in good standing with the CIC can make nominations. Monetary awards and plaques will be presented during the Chronic Illness Coalition’s breakfast meeting in January 2010.

The Award of Courage Recipient has:

- a) lived at least five years with a chronic illness (physical or mental) that has seriously impacted their functioning
- b) demonstrated efforts to maintain their identity despite the challenges of their illness (ex: continued to be active as student or parent or in their current career)
- c) overcome fears and obstacles, including financial or social adversity
- d) provided service to others and made contributions to society (ex: made exceptional efforts to help others or volunteered extensively)
- e) served as a role model or advocate for others with their specific illness

The Award of Courage for Caregiver Recipient has:

- a) cared for a person(s) with a chronic illness over at least a five year period
- b) performed selfless acts of devoted service
- c) demonstrated going beyond the call of duty in their care-giving service
- d) shown a commitment to maximize the independence and quality of life for the individual for whom they have cared

Please describe how your nominee meets the above criteria on a separate sheet and attach to this form. You also need to provide signed testimonials that provide direct evidence of the nominee’s story and accomplishments. Return completed application to address or fax number below. Nomination forms are also available on the CIC website.

Chronic Illness Coalition      Phone: 800.905.8862  
C/O Dr. Sue Hasenau          Fax: 734.525.4864  
34437 Cowan                      [www.cicmich.org](http://www.cicmich.org)  
Westland, MI 48185

Nominator/Person completing this form \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work/other \_\_\_\_\_

Nominee/Person being nominated \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work/other \_\_\_\_\_

Chronic disabling illness/es or conditions \_\_\_\_\_  
Number of years since onset of illness/es \_\_\_\_\_