



Stephanie Wever Courage Award 2018

The annual Stephanie Wever Courage Award recognizes a stroke survivor who exemplifies courage in overcoming the effects of stroke. Stephanie Wever, a stroke survivor and former NSSA board member, died December 25, 2015, at age 32. She was dedicated to raising awareness of strokes and her rare gene defect, ACTA2.

The Nebraska State Stroke Association (NSSA) selects one Stephanie Wever Courage Award recipient annually. In May 2018, the award recipient will be recognized during a Stroke Awareness Month proclamation ceremony at the State Capitol in Lincoln, Nebraska. For questions, contact NSSA at 402-484-8131 or 888-808-5678 or linda@NebraskaStroke.org.

Stephanie Wever Courage Award Criteria

1. There are no age restrictions for nominees.
2. Nominee must be a stroke survivor.
3. Nominations may be made by parents, spouses, teachers, therapists, or stroke rehabilitation professionals.
4. Nominee must be a resident of the State of Nebraska.
5. Entry forms must provide a statement of the nominee's stroke experience, including examples of courage in overcoming the results of a stroke. Special consideration will be given to nominees who have volunteered time in support of other stroke survivors.
6. Photographs of the Stephanie Wever Courage Award recipient will be used to promote Stroke Awareness Month in Nebraska during the month of May.
7. All entries become the property of NSSA, and all decisions are final.

This serves as permission for the child and/or adult nominee to be nominated for an award. It must be signed by the nominee or by a parent or legal guardian if the nominee is a minor.

(Signature of nominee, or parent or legal guardian for minors)

(Date)

Nomination forms are due to the NSSA office by 5 p.m. Friday March 30, 2018. Email your completed nomination form to hello@nebraskastroke.org or mail to Nebraska State Stroke Association 6900 L St., Suite 1B, Lincoln, NE 68510.



Stephanie Wever Courage Award Nomination Form

Nominee's Name: _____

Nominee's City: _____

Parent / Guardian Name if Nominee is a Child: _____

Parent / Guardian's Address: _____

Parent / Guardian's Phone: _____

Parent / Guardian's Email: _____

Name of Nominator (Organization or Individual): _____

Phone Number of Nominator: _____

Email of Nominator: _____

Address of Nominator: _____

Please include a nomination letter addressing some or all of the following (up to 800 words):

- Brief description of nominee's experience with stroke
- Examples of the nominee's courage or persistence in overcoming challenges related to stroke
- Explain why the nominee should be selected as a Stephanie Wever Courage Award recipient?
- If relevant, what volunteer work has the nominee done in support of other stroke survivors?