

## Autism Council of Utah Award Nomination Form

Name of Nominee \_\_\_\_\_

Address of Nominee \_\_\_\_\_

Telephone Number of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Name of Person Making Nomination \_\_\_\_\_ Telephone No. \_\_\_\_\_

Please see ACU Award Nomination Guidelines located on [www.autismcouncilofutah.org](http://www.autismcouncilofutah.org) for information regarding this form.

**Award Category – Please mark one**

Education \_\_\_\_\_ Individual \_\_\_\_\_ Company \_\_\_\_\_ Agency \_\_\_\_\_

Please describe in detail why this award should be given. Use additional space if necessary. Mark all additional pages or attachments with the nominee name. Include samples of programs, or written documentation to support information submitted, information regarding how success is measured or tracked, strategies, and related costs.

Include letters of recommendation/nomination from at least one customer/consumer of the award category.

Items submitted cannot be guaranteed to be returned.

Please send application and supporting documentation to Autism Council of Utah, P.O. Box 1931, West Jordan, Utah 84088. Email Cheryl Smith at [smithfam29@msn.com](mailto:smithfam29@msn.com) if you have questions.

March 26, 2007

