



Peoria Regional Chapter of the Autism Society of America

Fantastic Friend Award Application

For Outstanding Peers ages 3-18

Name of Child(ren) Being Nominated _____

Parents Name & Phone Number _____

Parents' Email _____

Nominee's Age _____

Nominee's Address

Nominator's Name _____

Nominator's Phone Number _____

Nominator's Email _____

Please answer the following questions. Feel free to use additional paper if needed.

1. What has the nominee done to help an individual(s) with autism?

Please mail applications to:
Peoria Regional Chapter of Autism Society of America
507 E Armstrong Ave
Peoria, IL 61603
Or email to: info@autismpeoria.com

2. What does the nominee do to help create friendships with individuals with autism?

3. In what setting is the peer a fantastic friend (i.e., gym class, extra curricular, sports)?

4. Please list any other important information about why the nominee is deserving of the PRC of ASA Fantastic Friend Award.

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