



Central Illinois Autism Association

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?

Central Illinois Autism Association

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