**Autism Connection of PA**

**Temple Grandin Award Application 2015**

**Which individual has had the largest impact on people with autism and their families?**

Nominee Name Address

Phone number Email

**How many years has this person worked and/or volunteered in the autism community?**

\_\_\_\_\_\_\_\_\_\_\_\_ years

**Please tell about any volunteer service this person has done above and beyond paid work in the autism community (i.e. board service, free clinics, schools, camps, etc.)**

**Please list the areas this person affects or works within (i.e. home, school, medical, vocational, social, etc.)**

**How does this person works towards our vision of a community where people with autism achieve their maximum potential as they live, learn, and work?**

**This nomination is made by:**

Your name Address

Phone number Email

**Please include any supporting material, such as letters of support, CV or resume of the nominee, news articles, etc. Email this form to:** [**events@autismofpa.org**](mailto:events@autismofpa.org) **or mail to Autism Connection of PA, 35 Wilson Street Suite 100, Pittsburgh, PA 15223**