

4062 LIVERNOIS RD. • TROY, MI 48098 PH. 248 619-1733 • Fax 248 619-1744 TEDLINDSAY.ORG

THE TED LINDSAY FOUNDATION COURAGE AWARD

WHAT ARE THE COURAGE AWARDS?

The Courage Award annually recognizes two individuals diagnosed with Autism Spectrum Disorder and demonstrate courageous character and perseverance in living with the challenges of the disorder.

There will be two awards presented. One award is sponsored by Susan V. Swider and Oakland MRI. The other award is sponsored by Dr. Lucia Zamorano and Michigan Brain & Spine Surgery Center. Each recipient will receive \$3,000.00. The awards will be presented to the winners at the annual Ted Lindsay Foundation Celebrity Golf Outing on Monday, September 11, 2023, at the Detroit Golf Club, Detroit, MI.

WHO MAY BE NOMINATED?

Any person living in the following counties: Oakland, Macomb, Livingston, Washtenaw, or Wayne who has been diagnosed with Autism Spectrum Disorder.

Please include a one-page summary detailing your reason for nominating this person. Please include why you feel they deserve this honor, the obstacles they or their family have overcome, and examples of their courageous character.

The recipient(s) or parent/legal guardian will be asked to sign a release that gives the Ted Lindsay Foundation, clients, and those acting under its permission or upon legal authority, permission to publish, print, use/and or copyright any photographs or images of the Courage Award winner(s), with or without using their names.

HOW TO MAKE A NOMINATION:

Complete the Courage Award Nomination Form and return it one of the following ways: EMAIL TO: **TLFCOURAGEAWARD@GMAIL.COM** OR MAIL TO: **MRS. MARLO MOELLER: 6328 ELSEY DRIVE, TROY, MI 48098**

- All nomination letters must be one page or less, with no photos or video links please.
- Nominations and letters of recommendation are due by June 30, 2023.
- Applications received or postmarked after this date will not be considered.
- Only one nomination letter per candidate.
- Recipients will be contacted by August 4, 2023.

QUESTIONS? PLEASE CONTACT MARLO MOELLER AT: TLFCOURAGEAWARD@GMAIL.COM

THE TED LINDSAY FOUNDATION COURAGE AWARD NOMINATION FORM

| NOMINEE INFORMATION: | | | |
|---------------------------|--------|-----------------|---------|
| NAME OF NOMINEE: | | | |
| | | | |
| Address: | Сіту : | | Zip: |
| | | | |
| PHONE NUMBER : | | | COUNTY: |
| | | | |
| PARENT/ GUARDIAN NAME(S): | | | |
| | | | |
| SCHOOL (IF APPLICABLE): | | | GRADE: |
| | | | |
| NOMINATOR INFORMATION: | | | |
| Nominator's Name: | | | |
| | | | |
| AFFILIATION WITH NOMINEE: | | | |
| | | | |
| Address: | CITY : | | Zip: |
| | | 1 | |
| PHONE NUMBER: | | E-MAIL ADDRESS: | |
| | | | I |
| Nominator's Signature: | | | DATE: |
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