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Florida's Assistive Technology Advisory Council
Michael Phillips
Assistive Technology Award of Excellence
Nomination Form
Deadline: XXXX

Nominee's Name: [Click or tap here to enter text.](#)

Organization: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#) Email: [Click here to enter text.](#)

I am nominating the above candidate for the 2021 Michael Phillips Assistive Technology Award of Excellence. This individual is involved with assistive technology as a(n):

Professional, advocate, or volunteer working with assistive technology;
or

AT user, family member of an AT user, or caregiver of an AT user

The results of this person's efforts significantly contributed to the promotion of AT in Florida and/or improved the access of AT to those who need AT.

Statement of Nomination: Please describe in a paragraph or two why the nominee should receive this award (Maximum length is 400 words).

[Click here to enter text.](#)

Letters of support are optional and are limited to two letters.

Briefly state your relationship to the nominee (1 sentence max).

Nomination Submitted by: [Click here to enter text.](#) Date: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#) Email: [Click here to enter text.](#)