



# Marilyn Mennis Award Nomination

*This form must be received by July 9, 2007*

**Name of Nominee** \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Person Submitting Nomination** \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Return Marilyn Mennis Award Nomination Form to:**

**PCPA  
Bldg 3, Ste 200  
2101 N Front St  
Harrisburg, PA 17110  
717-364-3287 (Fax)  
connell@paproviders.org**

Please indicate examples of how this candidate exemplifies some or all of the qualities of the Marilyn Mennis Award. The qualities PCPA seeks in nominees are:

**Advocacy on behalf of Pennsylvania's children with special needs and their families:**

- 1.
- 2.
- 3.
- 4.

**Submitted nomination information may not exceed this two-page form**

Name of Nominee \_\_\_\_\_

**Creativity in enhancing and improving the service system at the state (and local) level:**

1.

2.

3.

4.

**Leadership at the state and/or local level:**

1.

2.

3.

4.

**Dedication and caring in the service to children and families of Pennsylvania:**

1.

2.

3.

4.

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