

## ILRTA 2009 Nominations Form

### Professional of the Year

1. Currently hold a professional membership with ILRTA and member for a minimum of one year.
2. Professional has made significant contribution that has promoted the growth of Recreation Therapy.
3. Professional has promoted Recreation Therapy through ILRTA, facility and/or media during the last year.

### Outstanding Program

1. The program must have an ILRTA member on staff.
2. The program has significantly served the needs of persons with disabilities and/or has promoted the growth of Recreation Therapy.

ILRTA members may nominate themselves, their program, or others for these awards. Nominations must be received in written form describing their contributions.

For information regarding ILRTA awards and nominations, please contact Deb Tiger, MS, CTRS at 217-337-9029 or dtiger@cunninghamhome.org

Please complete the nomination form below and mail by October 2, 2009.

Send completed nomination forms to:

**Debbie Tiger, MS, CTRS**  
**%Cunningham Children's Home**  
**1301 N. Cunningham Ave**  
**Urbana, IL 61802**

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### 2009 Awards Nominations

**Professional of the Year** \_\_\_\_\_

**Outstanding Program** \_\_\_\_\_

# ILRTA

Illinois Recreational Therapy Association

## Professional Development Grant Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Agency or Facility: \_\_\_\_\_

Dates of Current Employment: \_\_\_\_\_

Membership: ILRTA \_\_\_\_\_ ATRA \_\_\_\_\_

**Please attach the necessary materials including:**

1. current professional resume
2. brief statement
3. verification from agency re: Conference reimbursement

All applications should be submitted by October 2, 2009.

Please send completed applications to:

**Debbie Tiger, MS, CTRS**  
**%Cunningham Children's Home**  
**1301 N. Cunningham Ave**  
**Urbana, IL 61802**

