Student Nominee: ________________________________
Student Phone Number: __________________________
Student Email Address: ____________________________
Sport: ___________________________
Cumulative GPA: ______________
School: ___________________________
Nominator: ________________________________
Nominator Role: ___________________________
Nominator Phone Number: _______________________
Nominator Email Address: _______________________

**ADDITIONAL SPACE ON THE BACK FOR EXTENDED ANSWERS.**
Please describe the student-athlete’s interscholastic athletic accomplishments, including acts of sportsmanship:

________________________________________________________________________
________________________________________________________________________

Please describe how the nominee demonstrates leadership at school and in the community:

________________________________________________________________________
________________________________________________________________________

Please describe the nominee’s commitment to academics and noteworthy achievements:

________________________________________________________________________
________________________________________________________________________

I UNDERSTAND THAT NOMINATION FORMS WILL ONLY BE CONSIDERED IF A PARENT/GUARDIAN HAS SIGNED A CONSENT FORM (ADENA.ORG/CONSENT). NOMINATIONS MAY BE SUBMITTED TO ADENASPORTSMED@ADENA.ORG OR FAXED TO 740-779-7388.