

**Special Olympics Michigan  
Spartan Stores Healthy Athlete of the Year Award Nomination Form**



Nominations must be postmarked or faxed to the state office by **April 1, 2011** to Heidi Alexander.

This annual award recognizes a SOMI athlete who exemplifies a healthy life-style and the Special Olympics Oath. The athlete must strive for wellness, a balance of the mind, body and spirit. The ideal candidate should eat a well balanced diet and dedicate time outside of Special Olympics training and competitions to exercise. He/she will be brave in all attempts and will promote healthy living to fellow SOMI athletes. He/she must be a Global Messenger or have the ability to become a Global Messenger, as the selected athlete will have numerous public speaking engagements dictated by SOMI and Spartan Stores, Inc.

This award will be presented at Opening Ceremonies at the State Summer Games.

Area \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone (work) \_\_\_\_\_ (home) \_\_\_\_\_

Email address \_\_\_\_\_

If this athlete is not chosen for the award, would you like a letter sent congratulating him or her on being nominated?  
\_\_\_\_ Yes \_\_\_\_ No

Number of year's athlete has been involved with Special Olympics \_\_\_\_\_

*Please answer each question of this nomination form.*

1. Describe how the nominee best exemplifies a healthy life-style.

2. Describe how the nominee best exemplifies the motto, "Let me win. But if I cannot win, let me be brave in the attempt."

3. How does the nominee strive for wellness, a balance of mind, body and spirit?

5. How does the nominee complete a well balanced diet and dedicate time outside of Special Olympics training and competitions to excise?

6. Provide an example of the nominee exhibiting a positive attitude while being brave in all attempts and promoting healthy living to fellow SOMI athletes.

7. Is the nominee a current SOMI trained Global Messenger \_\_\_\_ Yes \_\_\_\_ No.

8. If no, does the nominee have the ability to become a Global Messenger \_\_\_\_ Yes \_\_\_\_ No

Area Director's Signature \_\_\_\_\_ Date \_\_\_\_\_