We are seeking your input in selecting the 2019 Special Olympics Kentucky Athlete of the Year. This award will be given to an athlete who has embodied the values and standards of Special Olympics by showing a dedication to training and competition, demonstrating sportsmanship, and exemplifying courage.

The award winner will be named in December and will be recognized at the 2019 State Bowling Tournament. A plaque acknowledging the athlete’s accomplishment will be displayed at the SOKY State Office. The winner will also have the privilege of lighting the cauldron at the 2020 Special Olympics Kentucky State Summer Games.

This is an excellent opportunity to recognize an outstanding athlete. Please take the time to nominate a qualified candidate. You can only submit one nominee.

The criteria for the nominee are:

- Must be an active Special Olympics Kentucky athlete.
- Must have participated in Special Olympics for at least three (3) years.
- Must display continued loyalty to his/her team or delegation by actively pursuing training, attending practices, and competing in Special Olympics sanctioned events.
- Must personify the “Spirit of Special Olympics” by demonstrating positive examples of sportsmanship, courage, respect, and personal responsibility.

The following materials must be provided for your nominee to be considered:

- **Fully completed nomination form** (Sections A, B, & C on reverse side/page 2)
- **At least one (1) letter of support** from an individual who works with the nominee, such as a Special Olympics local coordinator, area volunteer, or coach.
- **A recent photograph** of the nominated athlete that can be used for PR purposes. If possible, the photograph should be a head shot in JPEG format.
- **Optional:** Any additional support materials such as, newspaper or magazine articles about the nominee.

Return nomination form and support materials, no later than October 31, 2019 to:

Special Olympics Kentucky
2019 Athlete of the Year Nomination
Attn: Hunter Brislin
105 Lakeview Court
Frankfort, KY 40601

Or Email to: hbrislin@soky.org

Questions? Please contact:
Hunter Brislin –
Director of Sports and Competition
Phone: 502-695-8222
Email: hbrislin@soky.org
Section A
Nomination Information

First Name ________________________  Middle Initial_______  Last Name ________________________
E-mail Address ____________________________________________________________________________
Address ___________________________________________________________________________________
City__________________________________  State ___________________  Zip ______________________
Daytime Telephone (_____)_____________________  Evening Telephone (______)_____________________
Your affiliation or relationship with nominee _________________________________________________
Your signature ____________________________________________  Date __________________________

Section B
Athlete Nominee Information

1. First Name ________________________  Middle Initial ________  Last Name ________________________
2. E-mail Address _________________________________________________________________________
3. Address __________________________________________________________________________________
4. City ______________________________  State _____________  Zip ______________________________
5. Daytime Telephone (____)____________________  Evening Telephone (____)__________________

Section C
Nomination Materials

Please complete the following questions. Use of additional paper will be required.

1. Number of years of involvement with Special Olympics: ______________________________

2. Identify all sport(s) currently/previously the athlete trained and competed within Special
   Olympics:  _______________________________________________________________

3. Has the nominee received any honors/rewards within or outside of Special Olympics: (note this
   is not a requirement to be nominated.)

4. Please share with us why you feel this person is deserving of the Athlete of the Year award.
   Include examples of how this athlete exemplifies courage, sportsmanship, respect and acts at all
   times in a manner that is a credit to Special Olympics. Please be as detailed and specific as possible.

FOR OFFICE USE ONLY:
Delegation/Team Name ____________________________  Area __________________________
Date Received ____________________________  All items included _____yes _____no