

# Middle Atlantic District AAU Coach & Non-Coach Volunteer of the Year Award Nomination

The Middle Atlantic Scholarship Committee's mission is to recognize Middle Atlantic District AAU member volunteers, who have reached a standard of excellence and have given help to athletes in order to aid them in achieving their dreams. The purpose of this award is to recognize an individual whose volunteer leadership in the Middle Atlantic District has been transformative and who has mobilized and unified athletes, programs and organizations that improve the events, the youth or others affiliated with the sport.

**Nominee MUST be a current 2015 Middle Atlantic District-AAU member**

Date of Application: \_\_\_\_\_ Nominee's Name: \_\_\_\_\_ Years in AAU \_\_\_\_\_

Select one:     Coach         Non-Coach        Current AAU Membership Number\*: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Sport(s): \_\_\_\_\_ Club (if applicable): \_\_\_\_\_

Nominator: \_\_\_\_\_ Relationship to Nominee: \_\_\_\_\_

Nominator Phone: \_\_\_\_\_ Nominator E-mail: \_\_\_\_\_

\*You may contact the Club administrator, coach or Middle Atlantic District Registrar for this information

**Please attach: (You may also refer to the criteria page in formulating your responses.)**

**1. What makes this nominee worthy of nomination?**

- a. Impact of the nominee's contribution to the club or the sport
- b. How much nominee does for the Middle Atlantic District AAU
- c. Qualities that make this nominee stand out from other volunteers

**2. Nominee's detailed areas of volunteer service**

- a. Nominee's scope of responsibility
- b. How nominee makes the AAU community a better place

**3. How has the nominee been an inspiration to others?**

\*\*\*Questions 1-3 are limited to 350 typewritten words each \*\*\*

**4. One letter of recommendation (from someone other than the nominee) is required.**

Nominator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Nominators under the age of 18 must have a parent signature:** \_\_\_\_\_

Please fill out completely and submit this form by April 1 to:

*Ms. Diane George, Middle Atlantic District AAU Scholarship Committee Chairperson, PO Box 242, Oaks, PA 19456*

Office use only: Date received: \_\_\_\_\_

This application can be found online at [www.middleatlanticaau.org](http://www.middleatlanticaau.org)