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SUFFOLK COUNTY ATHLETE OF THE YEAR AWARD

Presented by Suffolk Sports Hall of Fame & TeamUp4Community



NOMINEE INFORMATION

Full Name:

Gender: Male Female

High School:

Grade/Year of Graduation:

Sport(s) Played:

Contact Email:

Parent/Guardian Name (if under 18): _____

REFERENCES

• Coach Name & Contact: _____

• Community Service Supervisor Name & Contact:

SUPPORTING MATERIALS

Please attach:

- Two letters of recommendation
- Photos or video links of community service activities
- Any relevant news articles or media coverage

CERTIFICATION I certify that all information provided is true and accurate.

Nominee Signature

Parent/Guardian Signature (if under 18) _____