

Application for Nominees

Ben Hogan Perseverance Award

Part 1 – Nominee Information

Nominee Name: _____ Date of Birth _____

Nominee Address (If under age 18, list Nominee's Parent/Guardian name and address) _____

City/State/Zip _____

Nominee Telephone Number: _____

Nominee's/Parent's/Guardian's E-Mail Address: _____

Academic Class: *(please check)* Freshman Sophomore Junior Senior 5th / 6th year Eligibility (NCAA only)

School Name: _____

School Address: _____

School Contact: _____

School Telephone Number: _____

Date of Injury or Illness: _____

Date of Return to Competition: _____

Part 2 – Nomination Letter

A one-page letter from an Athletic Trainer or Athletic Director who worked directly with the nominee from the time of injury. The letter should include a description of the adversity, the effort required to overcome the injury or illness, and post-adversity achievement.

Nominator's Name and Title: _____

Nominator's Address (City/State/Zip): _____

Nominator's Telephone Number: _____ Nominator's EMail _____

Part 3 – Nomination Recommendation

A one-page letter of recommendation is required from another witness to nominee's athletic perseverance such as a coach, physical therapist, physician, counselor, academic advisor or athletic director. The letter should include personal observations of nominee's perseverance, athletic accomplishments, academic awards and community contributions.

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Part 4 – Nominee Essay

Each nominee is required to write a one to two-page essay describing why he/she should receive the award. The essay is a personal statement and reflection of the nominee's post-injury feelings, rehabilitation challenges and motivations to return to competition and may include relevant medical records for support.

Acknowledgement:

As a student-athlete, parent or guardian, I grant permission for the Selection Committee to review all submitted information, including any and all medical information, as it pertains to my nomination for the Ben Hogan Perseverance Award. If I am selected to receive an award, I agree to sign the appropriate documentation so that Texas Health Sports Medicine and the Ben Hogan Foundation may release information, including personal health information ("PHI") as defined by the Health Information Portability and Accountability Act ("HIPAA") and state law, of my injury and rehabilitation, as deemed appropriate.

Nominee's Signature: _____ Date: _____

Nominee's Parent Signature (If under age 18): _____ Date: _____

