



MICHIGAN
JEWISH SPORTS
FOUNDATION

DETROIT JEWISH NEWS
JEWISH ATHLETE OF THE YEAR
NOMINATION FORM

PLEASE PRINT IF NOT COMPLETING THE FORM ONLINE

CONTACT INFORMATION

ATHLETE'S GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	HIGH SCHOOL:
ATHLETE'S NAME:	HIGH SCHOOL ADDRESS:
ATHLETE'S ADDRESS:	HIGH SCHOOL CITY/STATE/ZIP
CITY/STATE/ZIP:	HIGH SCHOOL PHONE:
ATHLETE'S PHONE:	ATHLETE CUMULATIVE GPA:
ATHLETE'S E-MAIL:	# OF YEARS ATHLETE HAS SPENT IN MICHIGAN?

MOTHER'S NAME:	FATHER'S NAME:
MOTHER'S ADDRESS:	FATHER'S ADDRESS:
MOTHER'S CITY/STATE/ZIP:	FATHER'S CITY/STATE/ZIP:
MOTHER'S DAYTIME PHONE:	FATHER'S DAYTIME PHONE:
MOTHER'S E-MAIL:	FATHER'S E-MAIL:

ATHLETICS

(PLEASE LIST ALL SPORT(S) PLAYED, ALONG WITH STATS, THROUGHOUT THE ATHLETE'S HIGH SCHOOL CAREER)

SPORT(S):	
FRESHMAN YEAR:	JUNIOR YEAR:
SOPHOMORE YEAR:	SENIOR YEAR:

ALL-AMERICAN: YES NO
SPORT: YEAR:

ALL-REGION (STATE): YES NO
SPORT: YEAR:

ALL-CONFERENCE: YES NO
SPORT: YEAR:

ALL-REGION (USA): YES NO
SPORT: YEAR:

ALL-METRO: YES NO
SPORT: YEAR:

MACCABI ATHLETE: YES NO
SPORT: YEAR:

DREAM TEAM: YES NO
SPORT: YEAR:

ALL-COUNTY: YES NO

PLEASE LIST ANY OTHER:
SPORT: YEAR:

ACCOLADES AWARDED THIS SEASON:

ALL-STATE: YES NO
SPORT: YEAR:

ALL-AREA: YES NO
SPORT: YEAR:

REFERENCES

COACH'S NAME:

COACH'S PHONE:

COACH'S E-MAIL:

ATHLETIC DIRECTOR'S NAME:

ATHLETIC DIRECTOR'S PHONE:

PLEASE LIST ANY OTHER REFERENCES AND
CONTACT INFO:

ATHLETICS OUTSIDE OF HIGH SCHOOL

PLEASE INCLUDE ANY OUTSIDE SCHOOL LEAGUES IN WHICH THE ATHLETE HAS COMPETED:

WHAT COLLEGE WILL THE ATHLETE ATTEND? _____

WHAT SPORT WILL THE ATHLETE BE PLAYING, IF ANY? _____

DID THE ATHLETE RECEIVE AN ATHLETIC SCHOLARSHIP? YES NO

IS THE ATHLETE GOING TO TRYOUT FOR THE COLLEGE TEAM? YES NO

IS THE ATHLETE A PREFERRED WALK-ON TO PLAY SPORTS? YES NO

WAS THE ATHLETE DRAFTED PROFESSIONALLY? YES NO

HAS THE ATHLETE PLAYED FOR ANY OLYMPIC TEAM OR AN OLYMPIC QUALIFYING TEAM? YES NO

CONFLICT OF INTEREST

ARE ANY MICHIGAN JEWISH SPORTS FOUNDATION BOARD OR COMMITTEE MEMBERS RELATED TO THE
ATHLETE?

YES NO

IF YES, PLEASE LIST THEIR NAME(S) AND RELATIONSHIP:

CRIMINAL BACKGROUND

HAS THE ATHLETE BEEN CONVICTED OF A CRIME?
(THIS DOES NOT INCLUDE TRAFFIC OR PARKING
TICKETS)

YES NO

IF YES, PLEASE EXPLAIN.

INJURIES

PLEASE LIST ANY INJURIES THE ATHLETE HAS
SUSTAINED:

ARTICLES/VIDEOS

PLEASE ELECTRONICALLY ATTACH ANY
ARTICLES/VIDEO OF THE ATHLETE'S CAREER OR
SEND TO:

MICHIGAN JEWISH SPORTS FOUNDATION
6632 TELEGRAPH ROAD #304
BLOOMFIELD HILLS, MI 48301
PHONE (248) 592-9323
HTTP://WWW.MICHIGANJEWISHSPORTS.ORG

PLEASE INCLUDE ATHLETE'S SENIOR PHOTO OR EMAIL
HIGH RESOLUTION JPEG.

NOTES

PLEASE INCLUDE ANY ADDITIONAL MATERIALS OR
INFORMATION HERE:

NOMINATOR'S NAME: _____

NOMINATOR'S ADDRESS: _____

NOMINATOR'S DAYTIME CONTACT NUMBER: _____

NOMINATOR'S EVENING CONTACT NUMBER: _____

DATE: _____

DEADLINE: JULY 6, 2012

APPLICANTS WILL BE NOTIFIED BY AUGUST 6.

FOR FURTHER QUESTIONS PLEASE CONTACT:

DAVID BLATT - EXECUTIVE DIRECTOR

(248) 592.9323 OR EMAIL AT DBLATT@MICHIGANJEWISHSPORTS.ORG

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www.michiganjewishsports.org

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*The Michigan Jewish Sports Foundation is a 501(c)3 philanthropic organization
committed to the support of cancer charities and bettering the lives of children.*