

# A-Club Silver Anniversary C.A.T.S. Award Nomination Form

Prior to nominating an individual for this special recognition, please be sure that this nominee meets the criteria. The nominator should return this form with nominee's resume, biographical information, letter(s) of recommendation and any other pertinent information. Thank you for your time and thoughtful effort.

To nominate someone for the A-Club Silver Anniversary C.A.T.S. Award please complete this form and return to Chrissy Alexander at [chrissy@email.arizona.edu](mailto:chrissy@email.arizona.edu) or mail to the following address:

A-Club Letterwinners  
McKale Memorial Center  
1 National Championship Drive  
P.O. Box 210096, #228N  
Tucson, AZ 85721

**Date Filed:** \_\_\_\_\_

**Award Nominee:** \_\_\_\_\_ **Sport(s):** \_\_\_\_\_

**Years Played (i.e. 2000-2004):** \_\_\_\_\_

Nominee Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Nominating**

**College/Individual/Organization:** \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Contact**

Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Supporting Information for Nominee:**

Previous

Honor/Awards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional

Affiliations: \_\_\_\_\_

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Community

Service: \_\_\_\_\_

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How has this nominee demonstrated outstanding leadership in his/her community and/or career? \_\_\_\_\_

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Why does this nominee merit special recognition as a Silver Anniversary C.A.T.S. Award winner? \_\_\_\_\_

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In what way has this individual give back to The University of Arizona?

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How has this nominee applied the mission of the C.A.T.S. Program to their life since he/she was a student-athlete at The University of Arizona?

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