Hugo Wenzel Award of Merit

The purpose of this program is to recognize publicly and give acknowledgment to those alumni and friends of Capital University, Columbus, Ohio, who have directly or indirectly aided the physical education/athletics programs of the university or those graduates of Capital University who have achieved success and recognition in the field of coaching and physical education/athletics.

These individuals [Please place check mark on line of each listing that applies to the nominee]

_____ a) may have been responsible for the acquisition of physical plant equipment to aid in the efficient execution of a balanced physical education program, OR,
_____ b) may have been responsible for the matriculation at the university of a number of students who have represented the university well in intercollegiate athletics, OR,
_____ c) may have had continued successful records as coaches or administrators of scholastic or collegiate programs in which the success is measured, not necessarily by the number of wins, but by character and sportsmanship demonstrated by their teams, OR,
_____ d) may have made outstanding contributions in the field of athletics or physical education, AND,

_____ e) has maintained his/her interest in, and friendship for, the university by letting her light shine through him/her.

Nomination For Hugo Wenzel Award of Merit

Name:_________________________________________________________
Telephone:___________
Street Address:_________________City, State, Zip
____________________________
Relationship to Capital University __________________________________

Nominee special achievements: If necessary, attach separate sheet as well as other items of support
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Two letters of recommendation must be submitted with this form. One of the letters must be from the Director of Athletics or other person who has knowledge of the nominee's contributions to the athletics program at Capital University. There must be a minimum of two letters of recommendation.

Individual Submitting Nomination: Please complete all items below for contact purposes.

Name:__________________________________Phone:______________email ___________

Signature _______________________ Street Address:_______________________________________

City, State, Zip Code:_______________________________________ Date:___________

*If you would like to nominate another individual, feel free to copy this form.*

Form July 2008