Crusader Distinguished Service Award for Athletics

ARTICLE I PURPOSE
The ALUMNI VARSITY C ASSOCIATION CRUSADER DISTINGUISHED SERVICE AWARD FOR ATHLETICS is designed to provide public recognition and honor to those men and women who have used their time, talents, expertise in support of, and service to, the Capital University athletics program, and who do not qualify for Athletics Hall of Fame consideration.

ARTICLE II - ELIGIBILITY
A) The nominee may be an alumnus or non-alumnus.
B) The nominee must have provided outstanding service to the Capital University athletic program through his/her vocation, avocation and/or as a volunteer.
C) Such persons may include, but are not limited to: [On line at front check those listings which apply]
   _____ 1) Administrator - athletic, university
   _____ 2) Faculty Representative
   _____ 3) Sports Medicine Staff - physician, trainer
   _____ 4) Media - sports information, writers, reporters
   _____ 5) Others - Any individual who has provided outstanding service to Capital University athletics. An athlete is not eligible. A former Capital University coach for less than 10 years is eligible for this award.

NOTE: A former coach at Capital University who has served as a coach on the Capital University staff for a minimum of 10 years is NOT eligible to receive this award.

Nomination For Crusader Distinguished Service Award for Athletics

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 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 200