

SECTION:

PROGRAM

4000-17-A

TOPIC:

Shining Star Award

EFFECTIVE DATE:

January 2006

REVISED DATE:

June 2006

PAGE 1 of 3

This award will be presented annually to the Saskatchewan athlete who best exemplifies the Spirit of Special Olympics.

Nominations:

Each Special Olympics accredited zone/community is encouraged to nominate athletes who they feel are worthy of receiving this prestigious award. Nominations are accepted from any SOS member in good standing including: **the executive committee, coaches, volunteers, athletes, Board of Directors, Sport Advisory Council, and the provincial office** by (annual deadline date). All nominations must be accompanied by a Nomination Form (attached), two (2) letters of reference and either a digital photo OR a passport sized photo (hard copy).

The Special Olympics Saskatchewan Awards committee will carefully review the nominations and select the winners.

Award Criteria:

- Nominations will be judged on the strength and quality of their submission by the criteria outlined below:
 - Enduring positive attitude toward their participation in sport and Special Olympics (including consistent attendance at practices, games, and other Special Olympics events)
 - Courtesy, care and concern for fellow Special Olympics athletes, coaches, and volunteers
 - Striving spirit and outstanding effort
 - Ideals of sportsmanship (i.e. fairness, honesty, unselfishness, respect, responsibility, civility, fair play, etc.)
- This nomination may be based upon a single extraordinary example or continuous sportsmanlike conduct.

Award Recognition:

- This award will be presented to the successful recipient at the Provincial Awards Banquet held annually.
- The recipients will receive a Shining Star plaque.
- The recipients will be recognized in the Special Olympics Saskatchewan newsletter.

SECTION:
TOPIC:
EFFECTIVE DATE:
REVISED DATE:

PROGRAM
Shining Star Award
January 2006
June 2006

4000-17-A

PAGE 2 of 3

NOMINATION FORM

Nominee's Name: _____	
Address: _____	
City: _____	Postal Code _____
Telephone Number: (H) _____	(B) _____
E-Mail: _____	
Gender: (Please Circle) Male Female	

Please complete the following information in support of this nomination.

a. How has the athlete exemplified the Spirit of Special Olympics (i.e. commitment, attitude, participation)?

SECTION:
TOPIC:
EFFECTIVE DATE:
REVISED DATE:

PROGRAM
Shining Star Award
December 2005

4000-17-A

PAGE 3 of 3

Nomination Form

b. How has the athlete demonstrated personal growth and development i.e. self-discipline, independence, self confidence, etc.?

Please complete the nomination form and return by the deadline date of each program year.

Nominated by: _____		
Address: _____		
City/Town: _____	Postal Code	_____
Phone Number: (H) _____	(B) _____	
E-mail: _____		
_____	_____	_____
(Signature)	Position relating to SOS	Date
_____	_____	_____
(Witness Signature)	Position relating to SOS	Date

FOR OFFICE ADMIN ONLY:	
DATE RECEIVED:	Sports Registered In:
MEMBER SINCE:	
NCCP#:	
INITIALS:	

