



*Please complete and upload with nomination form.*

Name of Nominee: \_\_\_\_\_

**Approval by National Director, Chief Executive, or Board Chair**

I endorse our nomination for the Global Golisano Health Leadership Award.

Sincerely,

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Printed Name*

\_\_\_\_\_ *Title/Role*

\_\_\_\_\_ *Special Olympics Program*

\_\_\_\_\_ *Date*

**Approval by Athlete Leader**

I endorse our nomination for the Global Golisano Health Leadership Award.

Sincerely,

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Printed Name*

\_\_\_\_\_ *Title/Role*

\_\_\_\_\_ *Date*