

**ATHLETE OF THE WEEK NOMINATION FORM**  
**SCHOLAR ATHLETE OF THE WEEK NOMINATION FORM**

Please indicate what the athlete is being nominated for:

**Athlete of Week** \_\_\_\_\_ **Scholar Athlete of Week** \_\_\_\_\_

To receive full consideration the section below needs to be filled out completely!

Athletes Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Sport: \_\_\_\_\_

Position: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Hometown: \_\_\_\_\_ Freshman or Sophomore

High School Honors:

---

---

---

---

Weeks Game Dates/ Opponents/ Scores/Player Statistics

---

---

---

---

Future Plans:

---

---

---

---

---

Submitted by: \_\_\_\_\_

Institution: \_\_\_\_\_

Fax or Email to 866.587.0121 or [iccac@iccac.org](mailto:iccac@iccac.org)