

# *Truman Spoon Exemplary Service Award*

This award, named in honor of Truman Spoon, has been created to recognize an athletic trainer in the State of Texas that has made significant contributions to the athletic training profession in the roles of service, leadership, camaraderie,

Requirements for this award include:

- Attendee of the Davis Mountain Sports Medicine Symposium
- 5 year's experience
- Exhibited distinguished service to Athletic Training/Physically Active

## **Nominator Information:**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Employer: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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## **Nominee Information:**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Active Sports Medicine Experience:** List the name of employer and years you served as a practicing athletic trainer. (Ex: Athletic Trainer, Smith HS, 1990-99. Arrow Sports Medicine Center 1985-89)

**Volunteer Service:** List event and the year. (Ex. Special Olympics, 1988-92, Little League, 1980-84)

**Promotion of Athletic Training:** List organizations addressed and year (Lions Club, 1999, Smith ISD School Board, 1989)

**Professional/Student Athletic Trainer Relationship:** Impact you have made regarding Athletic Training Students (ATS Clinics, Mentoring, etc)

**Professional Presentations/Publications:** List by name contributions, venue, and year (“Hamstring Injuries”, THSCA, 1996, “Volunteer Athletic Training”, NATA Journal, March 1978)

**Please attach a letter supporting why the nominee deserves this award:** This letter should include: working relationship with the nominee, years the sponsor has known the nominee, knowledge in the field of Athletic Training, contributions to the profession, community service, and service to profession.

**Forms must be postmarked prior to January 18 and sent to :**

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