



HealthPlus, an Amerigroup Company/NY1 Scholar Athlete of the Week
Nomination Form
(Duplicate as needed.)

High School _____

(Please type or print legibly)

Student's Name: _____

Home Address _____

Street # City State Zip Code

Student's Home Telephone Number () _____

Student's School Leadership Experiences:

SAT Score _____
School Average _____

Athletic Participation:

Student's Community Involvement:

Student's Duties:

I recommend this student for consideration:

X _____ SCHOOL CONTACT: _____

Principal's Signature SCHOOL PHONE # () _____

Please attach to this application: 1) the student's transcript and letters of recommendation 2) written verification of the student's community involvement and 3) resume

**PLEASE MAIL OR FAX TO: Marc Weingarten- NY1 News
75 9th Avenue-6th Floor New York, NY 10011
marc.weingarten@ny1news.com
Fax: 212-379-3581**

*****If sending fax, please mail hard copy as well*****



CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A STUDENT FOR A NON-PROFIT PURPOSE (E.G., EDUCATIONAL, PUBLIC SERVICE OR HEALTH AWARENESS PURPOSES)

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NAME OF STUDENT (PLEASE TYPE OR PRINT LEGIBLY)

SCHOOL CLASS

I, _____, hereby consent to the taking of
photographs, movies or videotapes of my son/daughter by **NY1-TV**.

on _____ at _____

_____. I also grant to
NY1-TV the right to edit, use and reuse said products for non-profit purposes.

I also hereby release the Department of Education of the City of New York, and its agents and employees, from all claims, demands, liabilities whatsoever in connection with the above.

DATE: _____

SIGNATURE OF PARENT/GUARDIAN

ADDRESS OF
PARENT/GUARDIAN