

**HEALTHY HAYWOOD**  
**INSPIRATION OF THE MONTH**  
Nomination Form

Nominee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

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



Person Making Nomination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

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

Relationship to Nominee: \_\_\_\_\_

Reason for Nomination: (Please be thoughtful when writing this nomination. The winner will be decided on by HEALTHY HAYWOOD's Obesity Prevention Action Team based on the story you share. If you need more room, feel free to use additional sheets.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Inspiration of the Month**

*Those nominating someone need to check with the nominee FIRST to see if they accept. If yes, either the nominee or the nominator need to fill out the information below and submit the Healthy Haywood Coordinator.*

**Date Submitted:**

**Person Nominated:**

**Nominated by whom:**

**Why nominated:**

**When you decided to choose healthy lifestyle:**

**Why you decided to choose healthy lifestyle:**

**Biggest challenges:**

**What benefits you most enjoy from your healthy habits:**

**Suggested useful resources:**

**Influences:**

**Motivational words for others:**

**QUESTIONS?** Contact Steffie Duginske ○ Healthy Haywood Coordinator ○ 2177 Asheville Road, Waynesville, NC 28786 ○ 452-6675 ○ [sduginske@haywoodnc.net](mailto:sduginske@haywoodnc.net)