

Lifestyle Change Award Nominee Application

Locally sponsored by



Have you or has someone you know made significant changes to their lifestyle? Perhaps they have started exercising or adapted healthy eating habits in an effort to lose weight or manage risk factors like high blood pressure or high cholesterol. We want to hear your inspiring stories so we can applied these efforts and motivate others to make similar changes. No change is too small, and every accomplishment is significant!

Nominations for the Lifestyle Change Award can be submitted by friends, co-workers or relatives, and individuals can nominate themselves. A Lifestyle Change Award winner is celebrated monthly, and all winners will be recognized onstage at the 2018 Tampa Bay Heart Walk. Winners also receive a fitness tracker, award, and certificate from the American Heart Association.

Please submit your nomination form in one of the following ways:

- Email TampaBayHeartWalk@heart.org with "Lifestyle Change Award" in the subject line
- Fax to 727.563.8127

In order to be considered, please attach before and after, or current photos of the applicant.

Nominee Information						
First Name		Last Name				
Company Name						
Address		City, State, Zip				
Phone - Circle one		Email				
Cell/Work/Home						
Tell Us Your Story						
What inspired your lifestyle change(s)?						
What one piece of advice would you give to others who are looking to improve their health?						
What's been the most rewarding outcome of your new lifestyle?						
What's been your most significant heart-healthy change? (blood pressure, cholesterol, BMI, etc.)						
Are you willing to share your story with local media?						

Lifestyle Change Award Nominee Application





Locally sponsored by



In order to be considered, please attach before and after, or current photos of the applicant.

Personal Story: Start Date of Lifestyle Change					
What makes this person worthy of the Lifestyle Change Award? Did they lose weight? Lower their cholesterol? Improve their blood pressure? Increase their level of physical activity? Quit smoking? Please include information about their need for healthy changes, and examples of obstacles they faced along their path to success. Remember, no change is too big or too small!					
Please attach another document if more space is needed.					
Your Contact Information (if nominating someone other than yourself)					
First Name			Last Name		
Phone			Email		
Company Name					
Relationship to Nomin	ee				





