



**American
Stroke
Association.**
*A division of the
American Heart Association.*

2025 Stroke Hero Awards

Pediatric Hero Nomination Questions

The Pediatric Hero Stroke Hero Award honors an individual younger than 18 who has survived a stroke and overcome significant hurdles, whose family has used its experience to educate, inspire and bring awareness to stroke.

1. Contact information for the person submitting the nomination:
 - Name (first and last)
 - Phone number
 - Email address
 - City
 - State

2. Contact information for the pediatric stroke survivor nominee and their legal guardian:
 - Name (first and last)
 - Name of parent or legal guardian
 - Phone number
 - Email address
 - City
 - State

3. Demographics:
 - Age
 - Under 18
 - 18 to 50
 - 51 or older
 - Prefer not to answer/do not know
 - Gender
 - Female
 - Male
 - Transgender female
 - Transgender male
 - Nonbinary
 - Prefer not to answer
 - Other: _____

- Race
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian/Pacific Islander
 - White
 - Prefer not to answer
 - Other: _____
 - Ethnicity
 - Hispanic or Latino
 - Not Hispanic or Latino
 - Prefer not to answer
 - Risk factors and health conditions related to the stroke: *optional*
 - Autoimmune disorder
 - Blood clotting disorder
 - Congenital heart problem
 - Epilepsy or seizures
 - Sickle cell disease/sickle cell anemia
 - Prefer not to answer/don't know
 - Other: _____
4. Why should this pediatric stroke survivor and their family win the Pediatric Hero Award? (75 words or less)
 5. Describe how this pediatric stroke survivor and their family educates, inspires and brings awareness to (pediatric) stroke. (250 words or less)
 6. Feel free to share a bit about the stroke story of the pediatric stroke survivor and their family. You could include date of stroke, type of stroke, contributing factors, relevant therapies, motivation to recover, challenges faced, successes experienced and more. (500 words or less) *optional*
 7. Link for supporting material. *optional*
 8. Link for supporting material. *optional*
 9. This nomination is for: (select one)
 - My child or legal guardian.
 - Someone else. The nominee's parent or guardian is aware that I am nominating them for this award, and they have agreed to be considered.
 10. By submitting this nomination, I agree to the [Stroke Hero Awards contest rules](#).
 - I agree

All fields are required unless indicated as optional.