



**Carthage High School  
Athletic Hall of Honor**  
Nomination Criteria

The Carthage High School Athletic Hall of Honor will recognize students of Carthage High School; who achieve outstanding success while competing in high school, college, or professional sports and/or international level, and demonstrate good character, sportsmanship, and integrity during and after high school.

The Athletic Hall of Honor was established at CHS to recognize those individuals who either through participation, support, or interest, have made outstanding contributions to CHS Athletics, and who have helped bring recognition, honor and distinction to CHS. Coaches and supporters are not required to be graduates of Carthage High School. The inaugural class, consisting of ten members was inducted in the fall of 2012.

The award must be accepted in person; however, awards may also be given posthumously. The recipients will be honored with a reception before a home football game. They will be inducted into the Carthage High School Athletic Hall of Honor complete with a picture and biographical sketch permanently displayed in the Hall of Honor Room, at Carthage High School.

Please state in a typed nomination letter why you believe this person should be considered for the Carthage High School Athletic Hall of Honor. Please cite information about athletic accolades, awards, citizenship, community involvement, and any other relevant information.

In addition to the nomination letter, please include the nomination form and a photograph.



# Carthage High School Athletic Hall of Honor

Nomination Form



Name of nominee \_\_\_\_\_ Living  Deceased

High School attended \_\_\_\_\_ Class of \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Mother's name \_\_\_\_\_ Living  Deceased

Father's name \_\_\_\_\_ Living  Deceased

Spouse's name \_\_\_\_\_ Living  Deceased

**Names and Ages of Children**

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Person making nomination \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email address \_\_\_\_\_

Please attach your nomination letter to this form.

Please Return Nomination Form by August 1, 2021, to  
Ms. Charlotte Soape, #1 Bulldog Drive, Carthage, TX 75633