

# HALL OF FAME Nomination Form

Date \_\_\_\_\_

Nominee (person or team/group): \_\_\_\_\_

Nominee Address (for categories 1,2,4,5): \_\_\_\_\_

Nominee Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Submitter: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

On a separate sheet of paper please type the following questions:

1. Primary justification for nomination of the person/group
2. Specific honors, awards and accomplishments of this person/group while in high school
3. Person achievements after high school
4. Please share ALL information you feel is pertinent to the qualifications of the person or team/group
5. BE VERY SPECIFIC! The review committee will only use information provided on the application when reviewing each nominee.

**Nominations will be accepted until June 1st.**

**Nominations will carry over year to year if not selected.**

Please return the nomination form and supporting documents to:

Easton Valley High School

Attn: Sara Nelson

321 W. School Street

Preston, IA 52069