



## Nomination for Induction to Hall of Fame

I/we hereby nominate \_\_\_\_\_ for induction to the Nolan Catholic High School Hall of Fame and verify that the nominee meets the requisite eligibility and qualifications criteria. I/we understand that the final selection process is the sole responsibility of the Head of School.

Deadline for consideration is **July 15** of each calendar year.

**Note: Please ensure that all the information below is completed.**

### NOMINATED BY:

Name:			
Address:		City/State:	
Email:		Phone:	
Signature:		Date:	

### NOMINEE:

Name of individual(s)/organization:		Class of: (if applicable)	
Address:		City/State:	
Email:		Phone:	
Date of Birth: (if applicable)		Date of Death: (if applicable)**	

\*\* If deceased, next of kin:

Name:		Relationship to Nominee:	
Address:		City/State:	
Email:		Phone:	

**\* All nominations shall be in writing. Each nominee must have three letters of support to be considered for nomination.**

**\*\* Include a photo of the nominee**



# NOLAN CATHOLIC HIGH SCHOOL

## Nomination for Induction to Hall of Fame (Continued)

Name of Person(s)/Organization Nominated:

List the major achievements and contributions of the above individual(s)/organization which you feel merit consideration for entry into Nolan Catholic High School's Hall of Fame. Dates, Awards, Records, etc., are important. Please give as much information as possible. A breakdown of schools and other accomplishments in chronological order is preferred. Please try to include vital statistics, i.e. date and place of birth and/or death if applicable.



# NOLAN CATHOLIC HIGH SCHOOL

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