



Nomination for Induction to Hall of Fame

I/we hereby nominate _____ for induction to the Nolan Catholic High School Hall of Fame with the understanding that the final selection process is the sole responsibility of the committee of the Nolan Catholic High School Hall of Fame or their designees and verify that the nominee is eligible for nomination as outlined in the official criteria established for nomination.

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.

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