

Nomination Form

Instructions:

All information on this form must be completed. Include with this nomination form:

- 1) a minimum of two (2) and a maximum of four (4) letters of recommendation explaining why you think this individual is worthy of this honor. Please limit each letter to ONE typewritten page. Letters of recommendation for other awards or honors should not be used as a substitute for this requirement.
- 2) photocopies (8 1/2" x 11") of not more than six (6) of the following: newspaper clippings, magazine articles, event programs, or other such materials that detail information about the nominee's accomplishments (DO NOT SEND ORIGINALS). Please do not use notebooks with plastic sheet protectors or highlighters to point out specific facts; either underline or draw arrows to mark copy.
- 3) a current portrait-type photograph of the nominee. Please include names on all photos. **NOTE:** All information submitted shall be retained by the League and all actions necessary to the selection process shall remain confidential.

NOTE: The Hall of Fame Induction Ceremony will be held in the Spring of 2024

Return the completed nomination form and support materials before or not later than May 1st, 2023 to:

MSHSL Hall of Fame Director
2100 Freeway Boulevard
Brooklyn Center, MN 55430-1735

Please check appropriate nomination category:

- | | |
|---|--|
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Participant | <input type="checkbox"/> Athletic Official |
| <input type="checkbox"/> Director/Coach | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Adjudicator | <input type="checkbox"/> Athlete |
| <input type="checkbox"/> Activity/Athletic Director | <input type="checkbox"/> Contributor |

Hall of Fame Nominee: _____

(first, middle, last)

Address: _____

(street address – city, state, zip)

Phone: Home: _____ Place/Date of Birth: _____
Cell: _____

Date of Retirement: _____ Email: _____

Is the nominee still active in any area of activities other than the category for which he/she is being nominated?

Yes No If yes, please explain: _____

If Deceased, Date of Death: _____

Name of spouse or closest living relative: _____

Address: _____ Phone: Home: _____
Cell: _____

Email: _____

Schools Attended:

High School _____ City and State _____ Year Graduated _____

College/University _____ City and State _____ Year Graduated _____ Degree _____

Post Graduate School _____ City and State _____ Year Graduated _____ Degree _____

