|  |  |  |
| --- | --- | --- |
| ***INFORMATION MUST BE TYPED*** | **Minnesota State High School League Hall of Fame**  **Nomination Form** | ***INFORMATION***  ***MUST BE TYPED*** |
| **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 ½” 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 on April 14, 2024.  Return the completed nomination form and support materials before or not later than June 1st, 2023 to:  Tim Leighton  Minnesota State High School League  2100 Freeway Boulevard Brooklyn Center, MN 55430-1735 | | |

# Please check appropriate nomination category:

|  |  |
| --- | --- |
| Fine Arts | Administrator |
| Participant | Athletic Official |
| Director/Coach | Coach |
| Adjudicator | Athlete |
| Activity/Athletic Director | 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 |

|  |  |  |
| --- | --- | --- |
| ***INFORMATION MUST BE TYPED*** | **Minnesota State High School League Hall of Fame** | ***INFORMATION MUST BE TYPED*** |
| 1. Career description and affiliation with Minnesota State High School League (give complete background and information pertaining to involvement in interscholastic activity programs. Please include any direct involvement with the Minnesota State High School League—committee membership; tournament worker; etc.). | | |

2. Honors and achievements (give complete details of high school and post-high school honors, awards and recognition, outstanding performances, records, etc.)

|  |  |  |
| --- | --- | --- |
| ***INFORMATION MUST BE TYPED*** | **Minnesota State High School League Hall of Fame** | ***INFORMATION MUST BE TYPED*** |
| 3. Professional affiliations and achievements (i.e. involvement in state and national coaching/fine arts associations and other related professional organizations. Please include length of service, committee membership, offices held). | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 4. Other information (not previously listed) that substantiates the nominee’s accomplishments. | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| **Individual Submitting Nomination** | | | |
|  |  | Home: |  |
| Name: | Phone: | Cell: |  |
| School: | Street Address: |  |  |
| PO Box, City, State, Zip Code | | | |
| Email: |  |  |  |
| Signed: |  | Date |  |