

Date Received: _____

Park High School Hall of Fame Nomination Ballot

Annually the deadline for the nomination ballot must be received by the second Friday in March.

Nominee's Address

Nominee's Full Name: _____ Birth Date: _____

Maiden Name (if applicable): _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): () _____ (Work): () _____

Cell Phone: () _____ Email Address: _____

Nominee's Personal History

Single: _____ Married: _____ Deceased: _____ If deceased, when: _____

Spouse's Name: _____

Children & Ages: _____

Military Service:

Branch: _____ Years Served: _____

Branch: _____ Years Served: _____

Nominee's Employment (if applicable)

Current Employer: _____ Position/Title: _____

Job Description: _____

Nominee's Education

High School: _____ Years Attended: _____

College(s):

Name: _____ Years Attended: _____ Degree Earned: _____

Name: _____ Years Attended: _____ Degree Earned: _____

Name: _____ Years Attended: _____ Degree Earned: _____

Nominee's Involvement at Park High School

Participated in what sport (s): _____

Involved with Park High School as (check one): _____ Athlete _____ Coach _____ Other

Total Number of Year (s) of Involvement: _____ Date(s) of Involvement: _____

Nominee's Achievements at Park High School : If possible, please include newspaper articles, letters of recommendation, or other materials that detail nominee's accomplishments.

Athletic Achievements (Team & Individual): _____

Academic Achievements (Team & Individual): _____

Coaching Achievements (Team & Individual): _____

Other Services Performed (Team & Individual): _____

Additional Information about Nominee: Please include a one page narrative summarizing nominee's accomplishments.

Other facts about the nominee that may be relevant to her or his nomination (use additional sheet if necessary):

Information about Nominator: It is the responsibility of the nominator to complete all information on nomination ballot and verify accuracy.

Your name: _____ Your relationship to Nominee _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): () _____ (Work): () _____

To be considered for this nomination, form must be received by March 15th.

Complete and return form to:

**Activities Director
Park High School
8040 - 80th Street South
Cottage Grove, Minnesota 55016
(651) 768-5721 or FAX: (651) 768-5766**