Holdingford Public School

Hall of Fame

Nomination Form

\*\*\*Nomination due April 30, 2017\*\*\*

Instructions:

Eligible nominees for the Holdingford Hall of Fame can be from the following categories:

1. **Graduate** (Nominee may fit any of the following)

* Academics: 10 year out of HS. Either outstanding academic accomplishments at Holdingford Public School OR in collegiate/professional field of work.
* Athlete: 10 years out of HS. Either outstanding athletic accomplishments at Holdingford Public School OR at the collegiate/professional level.
* Fine Arts: 10 year out of HS. Either outstanding fine arts accomplishments at Holdingford Public School OR in collegiate/professional field of work.

2. **Employee:** Employees that have served in the district 10+ years and had outstanding accomplishments during employment.

3. **Community Member:** May be anyone who has made significant contributions to Holdingford Schools.

Return the completed nomination form and support materials to:

Jason Bruns-Activities Director

Holdingford Public School

900 5th Street

Holdingford, MN 56340

PHONE: 320-746-2221

Please check appropriate nomination category:

\_\_\_\_\_ GRADUATE

\_\_\_\_\_ EMPLOYEE

\_\_\_\_\_ COMMUNITY MEMBER

Hall of Fame Nominee (first, middle, last):

Address (street address – city, state, zip):

Phone:

Date of Birth:

If Deceased, Date of Death:

Name of spouse or closest living relative:

Address:

Phone:

**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:

1. Please provide a description of the nominee’s accomplishments. (Please include honors, awards, records, special recognition, etc.)
2. Please provide a narrative detailing why you feel this individual should be considered a nominee for the Holdingford Public School Hall of Fame.

Individual Submitting Nomination

Name:

Phone:

Street Address:

PO Box:

City, State, Zip Code:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only

Date Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_