**Holdingford Public School**

**Hall of Fame Nomination Form \*\*\*Nomination due April 30, 2019\*\*\***

Instructions:

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

1. **GRADUATE** (Nominees may fit any of the following)

- **Academics**: 10 years 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 years out of HS. Either outstanding fine arts accomplishments at Holdingford Public School OR in collegiate/professional field of work.

2. **EMPLOYEE:**  Retired employee that has served 10+ years and had outstanding accomplishments during employment. Present employee who has served 20+ years in the Holdingford Schools and have outstanding accomplishments during employment.

3. **COMMUNITY MEMBER:** Anyone who has made significant contributions to Holdingford Schools.

**Return the completed nomination for and support materials to:**

Jason Bruns-Activities Director or Linda Harren-Chairperson Hall of Fame Committee

Holdingford Public School 41575 210th Ave.

PO Box 250 Albany, MN 56307

Holdingford, MN 56340 Phone: 320-845-2880

Phone: 320-746-4302

Please check appropriate 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 Graduate:

Post Graduate School:

City and State

Year Graduate:

Degree:

1. Please provide a description if the nominee’s accomplishments (Please include honors, awards, records, special recognition, etc.)

2. Please provide a narrative detailing why you think 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-