



Athletic Hall of Fame Nomination Form

Category (check one) Student-Athlete Coach Other contributor

Full name (w/ middle initial): _____

Current address: _____

Home phone: _____ Work phone: _____

Present employment: _____

If retired, date of retirement: _____ If deceased, date of death: _____

Name of spouse (or closest living relative with address and phone number.) _____

Schools attended:

| High School | Year graduated |
|-------------|----------------|
| _____ | _____ |

| College | Year graduated | Degree/Area of Study |
|---------|----------------|----------------------|
| _____ | _____ | _____ |

| Postgraduate school | Year graduated | Degree/Area of Study |
|---------------------|----------------|----------------------|
| _____ | _____ | _____ |

Athletic participation at Shepherd (give as many details as possible. Use additional sheets if necessary):

Honors received (give complete details of college and postgraduate honors, awards, and special recognition):

Professional affiliations and achievements (please provide details and/or explanations):

Individual submitting nomination: _____

Home phone: _____ Work phone: _____

Signature: _____ Date: _____

All information must be completed with a minimum of three and a maximum of five supporting letters of recommendation (one page typewritten) on or before June 1. Return all information to:

Office of Alumni Relations
Shepherd University
P.O. Box 3210
Shepherdstown, WV 25443-3210

For more information please call 304/876-5157.