WABASH HIGH SCHOOL ATHLETIC HALL OF FAME
NOMINATION FORM

I. PURPOSE

The Wabash High School Athletic Hall of Fame is intended to preserve the history and tradition of Wabash HS athletics. The Hall of Fame seeks to highlight the past in order to insure a promising future. The recognition of past athletes, coaches, administrators, or volunteers and their significant contributions will serve to provide models for future generations.

II. SELECTION CRITERIA

The Selection Committee will choose inductees based upon the following criteria:

- A WHS student who made a significant contribution to high school, college, amateur, or professional athletics.
- A WHS student who passed the ninth anniversary of the commencement exercise of his/her graduating class prior to being nominated.
- Any individual who was not a WHS student, but who made significant contributions to the success of the WHS athletic program.
- A person of high character with the ability to serve as an appropriate role model for the current Wabash students.
- Nomination form should be received no later than Oct. 1st of the school year in which induction is requested.

III. NOMINEE INFORMATION

NAME_____
First MI Last Nickname

ADDRESS_____
Street City State Zip Code

PHONE_____ DATE OF BIRTH_____
Home

Living _____ or Deceased_____ (Date_____)

IS NOMINEE A WABASH HS GRADUATE??_____ IF YES, YEAR_____

IF NO, WHAT HS & YEAR_____

NAME(S) OF COLLEGE(S) ATTENDED_____

NOMINATED FOR CONTRIBUTIONS AS:

(PLEASE CHECK ALL WHICH APPLY)

_____ ATHLETE
_____ COACH
_____ ADMINISTRATOR
_____ VOLUNTEER

IV. STATEMENT

Please describe in 250 words or less the contributions this nominee has made to the development and/or promotion of a Wabash HS athletic program; or accomplishments after high school at the collegiate, amateur, or professional levels. Include information that addresses the character of the nominee. Please attach any supporting documentation you can provide (newspaper articles, statements of recommendation, awards, etc.) (statements may be put on back or on a separate sheet).

PLEASE TYPE OR PRINT

V. SPONSOR INFORMATION (PERSON MAKING NOMINATION)

NAME_____
First MI Last Nickname

ADDRESS_____
Street City State Zip Code

PHONE_____ _____
Home Work or Cell

SIGNATURE_____ DATE_____

PLEASE RETURN THIS NOMINATION FORM NO LATER THAN OCTOBER 1st OF THE SCHOOL YEAR IN WHICH YOU WISH THE CANDIDATE TO BE CONSIDERED FOR INDUCTION TO:

ATHLETIC DEPT.
WABASH HIGH SCHOOL **FAX# 260-563-8733**
580 N. MIAMI ST.
WABASH, IN 46992