

## **Shelton School District & Community Hall of Fame Nomination Form**

Date:

Name of Nominee: Address: Telephone: Year of Graduation (if applicable): E-mail:	
<ol> <li>Students/alumni, faculty/staff, friends/benefactors and cand induction.</li> <li>Student nominees will be considered for induction into the years after their class graduation.</li> <li>Shelton School District Employee nominees will be considered for induction into the years after their class graduation.</li> <li>Shelton School District Employee nominees will be considered for induction into the years after their class graduation.</li> <li>Shelton School District Employee nominees will be considered for induction into the years after their class graduation.</li> <li>Shelton School District Employee nominees will be considered for induction into the years after their class graduation.</li> <li>Shelton School District Employee nominees will be considered for induction into the years after their class graduation.</li> </ol>	he Shelton School District Hall of Fame 10 sidered after 15 years of service to the Shelton
Category for nomination:  Athlete Coaches, Athletic Staff Members, and Other Athletic Support Person Teams and Groups Friends and Benefactors of the Shelton School District	<ul> <li>Shelton School District Faculty and Staff</li> <li>Fine Arts, Academics, and Business</li> <li>Humanitarian and Service</li> <li>Lifetime Recognition</li> </ul>
Please attach Reason For Nomination:	
Please attach Evidence Of Support For Nomination:	
Person(s) recommending: Name(s): Address: Telephone: E-mail: Signature:  Please submit to:	

Shelton School District, Attn: Hall of Fame Committee: 700 South 1st St. Shelton, WA 98584