



Hudson Area Schools Hall of Fame

781 N Maple Grove Ave

Hudson, MI 49247

NOMINATION APPLICATION

NOMINEE: _____ MAIDEN NAME _____

ADDRESS: _____

CITY: _____ STATE: _____

PHONE NUMBER(S): _____
(IF CANDIDATE IS DECEASED, PLEASE INCLUDE ADDRESS OF CLOSEST LIVING RELATIVE)

CATEGORY: _____ ALUMNUS GRADUATION YEAR: _____

_____ TEAM YEAR OF PARTICIPATION: _____

_____ EMPLOYEE YEARS EMPLOYED: _____

_____ CONTRIBUTOR YEARS CONTRIBUTING: _____

PLEASE PROVIDE A DETAILED EXPLANATION OF YOUR REASON FOR NOMINATING THIS PERSON OR TEAM. IF YOU NEED MORE SPACE, PLEASE USE THE REVERSE SIDE OF THIS APPLICATION.

PLEASE ATTACH RESUMES OR ADDITIONAL PERTINENT INFORMATION.

NOMINATION SUBMITTED BY:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

DEADLINE: APRIL 1st

PLEASE SUBMIT FORM BY MAIL TO:

HUDSON AREA SCHOOLS
C/O HALL OF FAME NOMINATION COMMITTEE
PO BOX 242
HUDSON, MI 49247

OR EMAIL TO:

Denise Handy - dhandy@hudson.k12.mi.us
Please list "Hudson Hall of Fame Nomination" in the subject area.
If you have any questions please call (517) 448-8912 ext. 227