



NO MINATION FORM

FILL-IN FORM: TYPE ANSWERS & TAB TO EACH QUESTION. CLICK THE "SUBMIT FORM" BUTTON AT THE BOTTOM TO PROMP EMAIL

NAME OF ELIGIBLE NOMIN	IEE: (INCLUDE NICKNAME)					
SC Grad Year: (Details, if not Se	C Grad)					
Address:	City	/ :		ST:	Zip Code:	
	OK to text? Y					
SPECIAL HONORS:						
LIST OF SCVUHS RELATED ACC	OMPLISHMENTS:					
WORK HISTORY & CURRENT F	POSITION:					
	7					
POST HIGH SCHOOL ACCOMP	LISHMENTS:					
BRIEF LIST (WITH DETAILS) RE	GARDING SPORTS, YEARS COACHIN	G, WORKING 8	SUPPORTI	NG SCVUH	IS:	
ADDITIONAL COMMENTS OR	INTERESTING NOTES: (PLEASE ATTACH	ADDITIONAL SHEE	T, IF NEEDED)			
	PLEASE SUGGEST A FAMILY REPR					
	OK to text? Yes☐ No☐					
WHO IS SUBMITTING THIS	FORM?					
Name:	Relat	tionship to Nor	ninee:			
Address:	City	:		ST:	Zip Code:	NI/A 🗆
Pnone:	OK to Text? Yes□ No□	Email:			SC years:	N/A□

SUBMIT FORM

Click the "SUBMIT FORM" button to email this form to the SC Hall of Fame Committee