

# Alumni Hall of Fame Nomination Form

**Mail to Box 3, Carlisle,IA 50047  
due the second Thursday in April**

Name of person nominated \_\_\_\_\_

Year Graduated \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Family information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post High School Education \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Noted achievements/awards/honors since high school \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you think this person is deserving of a place in the Carlisle Hall of Fame?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Would you like to present the award at the Alumni Banquet?    Yes    No