TRUMAN STATE UNIVERSITY
ATHLETIC HALL OF FAME NOMINATION FORM

Name _______________________________________________________________

Last     First     Middle     Nickname

Street Address ___________________________________________________________

City, State Zip ____________________________ Phone ______________________

College(s) Attended _______________________________________________________

Coached By _______________________________________________________

Athletic Record -- Sport Participated In ___________ Years Played _______

Special Awards Received ____________________________________________

_________________________________________________________________

_________________________________________________________________

Professional or AAU Record _____________________________________________

Coached By _______________________________________________________

Coaching Record   School ___________________ Years __________ Record _________
(if applicable)     School ___________________ Years __________ Record _________

Special Coaching Honors Received _____________________________________

_________________________________________________________________

_________________________________________________________________

Employment Since Graduation ______________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Present Position __________________________________________________________

Firm/Company ____________________________

Address __________________________________________________________

Military Service Record _________________________________________________
Name of Spouse ________________________________ Maiden Name __________________

Truman Alumni __________ Truman Student _________ Years _____________

Children (list names and ages) ______________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Please state why you feel this nominee should be selected as a Hall of Fame Member ___

_________________________________________________________________

_________________________________________________________________

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_________________________________________________________________

NOMINATION WILL NOT BE CONSIDERED UNLESS THE FOLLOWING INFORMATION IS COMPLETED

Name of Person Making Nomination _________________________________________

Address ________________________________________________________________

Athletic Affiliations _______________________________________________________

Truman Alumni _______ Truman Student _______ Sport Participation ______________

Candidate Nominated as: ______ Meritorious (outstanding contributions to the Truman Athletic program over a period of at least ten years)

________ Athlete (outstanding contributions as an athlete)

________ Deceased (outstanding contributions as an athlete or for meritorious service, awarded posthumously)

According to the Hall of Fame By-Laws, a maximum of five inductees, which may include at most one deceased athlete and one meritorious inductee (living or deceased), may be selected each year.

Signature of Person Making Nomination ______________________________________

Please send complete form, along with any additional information, to: Jerry Wollmering, Director of Athletics Chairman, Athletic Hall of Fame Committee Pershing Building 213 Truman State University Kirksville, MO  63501