

CLAYSBURG AREA HALL OF FAME

Nomination Form

Please read the following requirements carefully in order for your nomination to be considered.

NOMINATIONS

Induction into the Claysburg Area Hall of Fame is the highest honor any resident or former resident can receive. Any individual may submit one (1) nomination per year for consideration. The Claysburg Area Hall of Fame Committee must receive nominations by **December 31st** of each year for induction the following year.

INSTRUCTIONS

1. Please download the nomination form at <http://www.claysburg.us/hall-of-fame.html> or a printed copy may be obtained at the Claysburg Area Public Library during normal business hours.
2. Nomination forms must be printed and done in ink.
3. To be considered the Claysburg Area Hall of Fame Nomination Form must be completed by the individual making the nomination.
4. Enclose a photograph of the nominee if possible.
5. Submission of the form may be done:
 - a. via email at **tessaknisely@aol.com**
 - b. via mail to Tessa Knisely
187 Slate Drive
East Freedom, PA 16637
 - c. drop off at Claysburg Area Public Library.
6. **Regardless of submission route, it must be received by December 31, 2019 for consideration.**

ELIGIBILITY

Nominees eligible for induction into the Claysburg Area Hall of Fame must:

- be a resident or former resident, living or deceased, of the Claysburg Area.
- have performed outstanding service to the Claysburg Area or contributed to the greater good of humanity.
- Have brought honor or distinction to the Claysburg Area.

INDUCTION CEREMONY

The ceremony will be held in the spring of each year at the Claysburg Kimmel High School Auditorium at a time to be announced.

CLAYSBURG AREA HALL OF FAME

Nomination Form

Regardless of the nominee's public profile, present all pertinent information as if the committee is completely unfamiliar with his or her accomplishments.

Name of Nominee:

Address (if living):

City: _____ State: _____ Zip: _____

Phone: _____ Business/Cell Phone: _____

Email Address: _____

Place of Birth: _____ Birthdates: _____

Spouse: _____

Children: _____

Individual Making the Nomination: _____

May be anonymous if desired, but must be included on application for questions if needed.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Business Phone: _____

Email Address: _____

Please complete as much information as possible and applicable.

No information will be released without the nominee's/designee's permission.

EDUCATION		
Institution	Area of Study/Degree	Year Completed

CLAYSBURG AREA HALL OF FAME

Nomination Form

Military Service		

Professional Achievements/Recognitions		
Year	Company/Organization/Award or Honor	Position/Awarded By

Civic Involvement/Community Service/Volunteerism		
Year	Organization	Position

Personal Recognitions		
Year	Name of Award/Honor	Awarded/Honored By

Unique Contributions to Claysburg Area or Humanity		
Year	Organization	Position

If additional space is needed, please attach in same format as listed.

