

Shiloh School Academic & Athletic Hall of Fame

NOMINATION FORM

Shiloh CUSD #1

Purpose: The Shiloh Academic & Athletic Hall of Fame recognizes former graduates who have demonstrated significant achievement in academics, athletics, professional careers, leadership, or community service.

Eligibility: Nominees must be graduates of Shiloh School, Newman High School, or another qualifying predecessor school and must have graduated at least five (5) years prior to the year of induction. Self-nominations are not accepted.

Posthumous nominations are welcome. Current or former staff members who have demonstrated outstanding service, leadership, or a lasting impact on the school community may also be considered for induction.

Nomination Deadline: _____

NOMINEE INFORMATION

Nominee's Full Name: _____

Name While Attending Shiloh (if different): _____

Graduation Year: _____

Current City/State (if known): _____

Nominee Email/Phone (if known): _____

Is this a posthumous nomination? ☐ Yes ☐ No

AREA(S) OF ACHIEVEMENT

Check all that apply:

☐ Athletics ☐ Academics ☐ Professional/Career Achievement

☐ Leadership ☐ Community Service ☐ Other: _____

NOMINATION STATEMENT

Why should this individual be inducted into the Shiloh Academic

& Athletic Hall of Fame? Please describe the nominee's significant accomplishments, impact, leadership, service, and connection to Shiloh. Include specific examples when possible.

SIGNIFICANT ACCOMPLISHMENTS / HONORS

List awards, records, degrees, career accomplishments, leadership roles, service contributions, or other honors that support this nomination.

SUPPORTING DOCUMENTATION

Supporting materials are encouraged when available. Examples may include newspaper articles, award documentation, photographs, biographies, records, or other materials verifying the nominee's accomplishments.

Materials attached: ☐ Yes ☐ No

If yes, please list: _____

NOMINATOR INFORMATION

Your Name: _____

Relationship to Nominee: _____

Email: _____

Phone: _____

Certification: I certify that the information provided in this nomination is accurate to the best of my knowledge. I understand that nomination does not guarantee induction and that the district may verify information submitted.

Signature: _____

Date: _____

SUBMISSION

Please submit completed nominations and supporting materials to Shiloh CUSD #1 by _____.

Submission instructions/contact information:

Thank you for helping us recognize and celebrate the accomplishments of Shiloh alumni.