



Santa Clara High School Alumni Hall of Fame Nomination Form

Nominee Information

Please check appropriate category: Distinguished _____ Athletic _____ Yr. Submitted _____

Name of Nominee: _____

Street Address: _____

City, State, Zip Code: _____

E-mail: _____ Phone: _____

If a SCHS alumni, graduation year: _____

If deceased, name of spouse or closest living relative:

Name: _____ Relationship: _____

Street Address: _____

City, State, Zip Code: _____

E-mail: _____ Phone: _____

Individual(s) submitting nomination

Name: _____

Street Address: _____

City, State, Zip Code: _____

E-mail: _____ Phone: _____

Signature: _____ Date: _____

Please use the reverse side or an additional page for the nominee's qualifications.

**Nomination form and qualifications must be received by August 1st of submission year.*

**Please fill-in all fields. Contact information must be available to committee.*