

# *Lincoln High School Hall of Fame Nomination Form*

**Return completed form to:**

Activities Principal  
Lincoln High School  
2900 S. Cliff Avenue  
Sioux Falls, SD 57105

Name: \_\_\_\_\_  
(Last) (Middle) (First) (Maiden)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Year of graduation: \_\_\_\_\_

**Check any that apply:**

- ☐ Athlete (list sports): \_\_\_\_\_
- ☐ Fine Arts (list activities) \_\_\_\_\_
- ☐ Academics: \_\_\_\_\_
- ☐ Teacher: \_\_\_\_\_
- ☐ Administrator: \_\_\_\_\_
- ☐ Contributor: \_\_\_\_\_

Criteria for being considered for this award: Staff member that has not been employed at LHS a minimum of three years. Student graduated from LHS a minimum of five years. There is no time limit for contributors.

Name of nominator: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_