

VERMONT PRINCIPALS' ASSOCIATION

Hall of Fame



OFFICIAL NOMINATION FORM

Nomination for: _____

(Please include recent photo if obtainable, portrait style is preferred, but not necessary.)



VPA HALL OF FAME NOMINATION FORM

1. PERSON YOU ARE NOMINATING:

(First, Middle, Last)

(Address, City, State, Zip)

(Phone)

(Date of Birth)

<p align="center">Please check the appropriate Nomination category:</p> <p><input type="checkbox"/> Athletic/Fine Arts Participant (form A, page 3)</p> <p><input type="checkbox"/> Coach/Fine Arts Advisor (form B, page 4)</p> <p><input type="checkbox"/> Official (form C, page 5)</p> <p><input type="checkbox"/> Public (form C, page 5)</p> <p><input type="checkbox"/> Media (form C, page 5)</p> <p><input type="checkbox"/> School Administrator (form C, page 5)</p>
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Is the nominee still active in any other area than the category for which he/she is being nominated?

Yes ___ No ___ If yes, please explain

If Deceased – Date _____ Name of Spouse of Closest Living Relative _____

(Address, City, State) (Phone)

Schools Attended:

High School _____ City/State _____ Year Grad. _____

If known, please include the following information:

College/University _____ City/State _____ Year Grad. _____ Degree _____

Post Graduate School _____ City/State _____ Year Grad. _____ Degree _____

2. INDIVIDUAL SUBMITTING NOMINATION

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____

Email: _____

Signed: _____ Date of Nomination: _____

Return Completed Form and Nomination Form A, B, or C by January 24th, 2012 To:

**Vermont Principals' Association Hall of Fame
2 Prospect Street, Suite #3
Montpelier, VT 05602
Phone: 802-229-0547 Fax: 802-229-4801
E-mail: vpa@vpaonline.org**



**HALL OF FAME NOMINATION
FORM A**

ATHLETE or FINE ARTS PARTICIPANT

Nominee's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Day: _____ Evening: _____

Sport(s)/Fine Arts Activities: _____

Outstanding Achievements: _____

Reason for Nomination: _____

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Montpelier, VT 05602. Phone: 802-229-0547 Fax: 802-229-4801

Return by January 24th, 2012 for prompt consideration.



HALL OF FAME NOMINATION
FORM B
COACH or ACTIVITIES ADVISOR

Nominee's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Day: _____ Evening: _____

High School Sport(s)/Fine Arts coached and Year(s): _____

Outstanding Achievements: _____

Reason for Nomination: _____

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HALL OF FAME NOMINATION
FORM C

- **SCHOOL ADMINISTRATOR** (Principal, Athletic Director, Superintendent)
- **OFFICIAL** - (Referee, umpire, linesman, etc.)
- **MEDIA** – (Print, radio, television, film, others)
- **PUBLIC** – Outstanding contributor

Nominee's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Day: _____ Evening: _____

Reason for nomination: _____

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