ALUMNI HALL OF FAME APPLICATION

Name of Nominee:		Year of Graduation	on:
Nominee Address:			
City:	State:	Phone:	
Support Data – Ple	ease also attach an upda	ited resume if possible.	
Exemplary Achieve	ement		
Please explain, in as m	nuch detail as possible, l	how the nominee has excelled in the fol	llowing
categories:			
List Any Special Achi	evements:		
College Attended and	Degrees Obtained:		
TT 1 A 1			
Honors and Award	S		
List Any Honors and A	Awards:		

Meritorious Contributions:			
Service to the Community			
Leadership in the Community:			
Member of Organizations:			
Additional Examples:			
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Thank you for your nomination! Please mail this form to Joseph Schaller at Carmel High			
School, 520 E. Main Street, Carmel, IN 46032. All questions can be emailed to Joseph Schaller			
at jschalle@ccs.k12.in.us. Thank you again on behalf of the CHS Alumni Hall of Fame			
Committee!			