

## **Chesterton High School Alumni Association Inc.**



PO Box 1063 Chesterton, IN 46304

## 2024 CHS ALUMNI ASSOCIATION HALL OF FAME NOMINATION FORM

Nominee Type:	Alumnus	Teacher	Administrator	Support Staff
Nominee Name:				
Do you know the nomin	nee's contact info? If	yes, please provide	e below:	
Address:				
Nominee email:				
(Please type your respo 1. What makes this per			including the Nominee's Nognition?	Name.)
2. How does the noming Duneland community?	nee demonstrate com	mitment, excellence	e, leadership or other quali	ties that benefit the
3. Any other additional	l information why th	is nominee should r	receive this award? (option	nal)
Nominator Name (requ	ired):			
Email:				
Address:				
Phone:				
D 111 . 1		N 1 1 (2.0	0 (007) 0 1 1	

Deadline to submit nominations is Friday, November 1 at 3:00pm (CST). Completed nominations may be submitted electronically to <a href="mailto:CHSalumniassociation@duneland.k12.in.us">CHSalumniassociation@duneland.k12.in.us</a>; by mailing to CHS Alumni Association, PO Box 1063, Chesterton, IN 46304; or by dropping off the nomination form at the Duneland Administration Center, 601 W Morgan Avenue, Chesterton.

Thank You, CHS Alumni Association