Hopewell-Loudon Hall of Fame
Nomination Form

Nominee Name_____ Date _____

Address _____ Phone _____

(or) a family member in the case of a posthumous nomination:

Name _____ Phone _____

If nominee was an employee of Hopewell-Loudon Schools, please enter the dates or years of employment:

Start Date: _____ End Date: _____

Position(s) Held: _____

If nominee graduated from Hopewell-Loudon Schools, please enter year of graduation: _____

Please describe why you feel the candidate is worthy of nomination into the Hopewell-Loudon Hall of Fame, including pertinent personal information. Continue on the back if necessary.

Name of person submitting nomination _____
Phone number where you may be reached _____