

### **Honorary Letterwinners Nomination Form**

Nominations for the Honorary Letterwinner will be taken into serious consideration however, finalists will ultimately be determined by The University of Arizona Athletics Department Sports Hall of Fame Committee. Thank you for your nomination.

To nominate someone for the Honorary Letterwinner Award please complete this form. The final selection will be considered and determined by the Athletics Department. Please be advised nominees will not be considered without the completion of this application form to provide a fair and consistent selection process for each candidate.

If you would like to submit a resume or additional documents, please email Ceileigh Trevers at [ceileight@arizona.edu](mailto:ceileight@arizona.edu).

Required Fields are in Bold

#### **Nominee's General Information**

Nominee's first name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### **Scholastic Information**

Nominee's Graduation Year: \_\_\_\_\_  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
Last year in School: \_\_\_\_\_  
Graduate School: \_\_\_\_\_  
Graduate Program: \_\_\_\_\_  
Educational Certificates Received: \_\_\_\_\_

#### **Academic Honors:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
1 \_\_\_\_\_

Other relative scholastic information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Community Service**

What local community activities (volunteer, charity, non-profit etc.) has your nominee directed or been a part of (please explain in detail and include memberships in service organizations):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Awards/Honors within community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Post College**

Explanation of his/her employment history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Professional Awards/Honors:

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Please explain in detail why you believe this award should be granted to your nominee:

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**Nominator's Contact Information**

Nominator first name: 

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 Last Name: 

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Nominator Street Address: 

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 City 

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State: 

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 Zip: 

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 Phone: 

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Email: 

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**\*Deadline for ALL Nominations is August 30<sup>th</sup>**