

# SHS ALUMNI HALL OF FAME

## (NOMINATION FORM)

**Nomination Eligibility:** All graduates of Shortridge High School or Shortridge Magnet High School for Law and Public Policy for at least five (5) years at the time of nomination. Included are graduates in all walks of life, such as armed services, athletics, business, education, fine arts, government, law, literature, media, medicine, performing arts, science, etc. (This list is not intended to be inclusive.) Special achievements in the nominee's area of specialization; honors, awards, or other recognition received on a local, regional, national or international level, community service (if appropriate), meritorious contributions to society in general or to a specific segment of society. The candidate's nomination will remain active for three (3) years.

**DEADLINE FOR NOMINATIONS:** December 1 annually; award announced and presented in Spring of each school year.

Kindly provide as much information as possible regarding the candidate for the SHS Alumni Hall of Fame. Click in the shaded box and complete information as requested. SAVE and SEND via e-mail ATTACHMENT to shortridgealumni@sbcglobal.net. Thank you!

(Please include the surname when nominee was at SHS)  
**Name**

**Year of Graduation**

**Spouse / Significant Other Name:**

**Year of Graduation**

**Is this person a SHS alumnus?**    Yes            No

If yes, include year of graduation

**Address:**

**City:**

**State**

**Zip Code**

**Email Address:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

<u>Children</u>	<u>Grand Children</u>	<u>Great-Grandchildren</u>

**Summarize the professional background / Career / Other Activities after SHS (or attach supporting information or materials as appropriate):**

**Hobbies / Leisure Activities / Honors or Awards:**

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**FOR BOARD USE ONLY:**

Date application received

Date: \_\_\_\_\_

Nominee application reviewed by the committee

Date: \_\_\_\_\_

Nomination active from

Date: \_\_\_\_\_ to Date: \_\_\_\_\_

Action taken by the board / selection committee: \_\_\_\_\_

**Privacy Statement:** All personal contact information will be held in the strictest of confidence by the alumni association and will not be shared without permission.

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Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Complete, print, and mail to: SHSAA, 5030 Guion Road, Indianapolis, IN 46254**  
**Fax to (317) 290.0809 • Email: [shortridgealumni@sbcglobal.net](mailto:shortridgealumni@sbcglobal.net) (Electronic version of this form available via e-mail)**