

**ALABAMA
INDEPENDENT SCHOOL
ASSOCIATION**

HALL OF FAME



OFFICIAL NOMINATION FORM

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HALL OF FAME NOMINATION FORM

DATE _____/_____/_____

I. NOMINEE INFORMATION

Name: _____

Last

First

Middle

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home () _____ Other () _____

Age: _____ Date of Birth: _____/_____/_____ Place of Birth: _____

Deceased: Yes _____ No _____

II. EDUCATION

High School: _____ Year Graduated: _____

Address: _____

City: _____ State: _____ Zip: _____

College: _____ Year Graduated: _____

Address: _____

City: _____ State: _____ Zip: _____

Other earned degrees (master's, doctorate, etc.): _____

VII. SPONSOR INFORMATION

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Work () _____ Other () _____

Age: _____ Date of Birth: ____/____/____ Place of Birth: _____

Vocation: _____

Title/Position: _____

Employed by: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Work () _____ Ext. () _____

Relation to Nominee: _____

There will be a nomination fee of \$100.00 per nominee. This fee is non-refundable.

VIII. SPONSOR'S PERSONAL REMARKS SUPPORTING NOMINEE

Date Received ____/____/____

Active Until ____/____/____

