YORK DISTRICT ONE



We are one…we **are many.**

SPORTS HALL OF FAME

Name of Person Nominated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please PRINT of type)

|  |
| --- |
| **DO NOT WRITE IN THIS SECTION**  Date Nomination Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  File # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Complete: ( ) More Information:    Date Sent to Selection Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# DEADLINE

Must be received by the

Nominating Committee prior to June 1 of the Induction Year to receive consideration for that year.

**YORK SCHOOL DISTRICT ONE**

**SPORTS HALL OF FAME**

# Nomination Form

## *CRITERIA*

1. Nominees must have attended or coached at one of the previous high schools in York School District One (hereafter referred to as YSD1) or at YCHS.

1. Nominees must be out of high school at least six (6) years.
2. Factors that will be considered during selection process:
   1. Athletic achievement
   2. Awards, honors
   3. Sportsmanship
   4. Integrity
   5. Character
   6. Leadership
   7. Community/civic contributions to York School District One

## *GENERAL INFORMATION*

1. Anyone may nominate a candidate.
2. The nomination committee will be made up of representatives from all areas of YSD1.
3. The selection committee will be composed of a cross-section of citizens from YSD1 and will remain anonymous.

## *INSTRUCTIONS*

1. Each question must be answered.
2. Nominations should be typed or printed legibly.
3. Nominations must be signed and dated by the nominator.
4. Additional sheets may be attached.
5. Nomination forms must be received by the Nominating Committee prior to June 1 for consideration for that year.
6. Return all forms to: Joey Moore, YCHS Athletic Department

York Comprehensive High School

275 E Alexander Love Hwy

York, South Carolina 29745

# YORK SCHOOL DISTRICT ONE SPORTS HALL OF FAME

**Nomination Form**

*(Please type or print)*

## I. BIOGRAPHICAL INFORMATION

1. Nominee’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City State Zip

* 1. Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(work)

1. Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Education: High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Dates attendance/employee in York School District One:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Schools attended/worked (circle all that apply)

Sharon Hickory Grove Jefferson York

YCHS Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## II. ATHLETIC ACHIEVEMENT

1. Accomplishments as a player or coach (may attach news articles):

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

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1. Awards and/or honors:

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1. **LEADERSHIP, CHARACTER, COMMUNITY/CIVIC CONTRIBUTIONS:**

*Provide examples below:*

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

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1. **LETTERS OF RECOMMENDATION (if available)** *Attach copies to this nomination form.*

## V. NOMINATOR

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

Name of person submitting this form (print or type) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City State Zip

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(work)