



Scott County Sports Hall of Fame, Inc.

P.O. Box 402, Lake, MS 39092-0402 601-507-1526 / 601-507-2772
Form revised 9/12/2022 scottcountymys.sports.halloffame@gmail.com

Official Nomination Application

DIRECTIONS: Please follow instructions closely. Failure to complete form will result in nomination being null and void. All information should be provided in neat and legible condition. Unreadable nominations will not be considered. Please attach a photo of the nominee to form. Photo must be 3 inches by 5 inches in size and WILL NOT be returned. **The deadline for the Hall of Fame to receive nominations** for the next immediate class annually is **SEPTEMBER 30**. Nominations received after that date will be held for consideration for following classes. **Eligibility rules and all other information can be found online at scottcountysportshalloffame.org**

Nominee Information

Full Name: _____ Date: _____
Last First M.I.

Current Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Birthplace: _____ Hometown: _____

Connection to Scott County (school): _____
(Must have been active in sports on high school level and above a minimum of 2 years as player; 5 years as coach)

Is the nominee deceased? YES NO If yes, give dates of birth and death? _____

Is the nominee over the age of 50? YES NO If yes, give birthdate: _____

Nominee's Education

High School: _____ Town: _____

From: _____ To: _____ Did nominee graduate? YES NO _____

College: _____ Location: _____

From: _____ To: _____ Did nominee graduate? YES NO Degree: _____

Other: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Person submitting nomination

Your Name: _____ Relationship to nominee: _____
Address: _____ Phone: _____

Disclaimer and Signature

*I declare that my answers are true and complete to the best of my knowledge.
If this nomination application is approved, I understand that should any information contained herein be discovered as false or misleading, such revelation may result in the disqualification of the nominee.*

Signature: _____ Date: _____

Athletic Accomplishments and Honors

School(s)	Sport(s)	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
Professional team(s)		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Civic / Career Accomplishments and Other Honors

Organizations	Career	Other Honors
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional information

Use this space and attach pages as needed to list additional athletics, civic, career, and other honors. The more information provided the better.