

PUEBLO HALL OF FAME NOMINATION FORM

In 1991, the Pueblo Hall of Fame was established to honor individuals who, by their extraordinary effort, have contributed to the betterment or enhancement of Pueblo.

Nominees are considered on the basis of contributions in the following areas: all facets of education; business and labor; arts and humanities; philanthropy; government; law; science and technology; and health and human services.

Persons selected for the Hall of Fame do not have to be Pueblo natives nor do they have to be current residents.

Posthumous nominations are accepted but date of death should not exceed five years prior to nomination. Selections are made without regard to gender, race, religion, or national origin.

Inductees are selected in November of each year by a panel consisting of the community and trustees of the Pueblo Community College Foundation. They are honored at a banquet in the spring. Portraits and brief biographies of the inductees grace the walls of the Fortino Ballroom, located in the Student Center on the Pueblo Community College campus.

Nomination Requirements and Regulations:

Nominations may be made from the community beginning in April of each year. They must be received by the Pueblo Community College Foundation by October 30.

Nominations Must Include:

1. A compelling narrative on the qualifications of the nominee.
2. At least one (1) letter of support from persons who have pertinent information about the nominee, including friends, relatives, or business associates.
3. At least three (3) references with name, relationship to nominee and complete contact information including name, address, city, state, zip, phone number, with area code and email address, if available.

Send this cover sheet with attachments to: **Pueblo Community College Foundation Office, 900 W. Orman Ave., AB-194, Pueblo, CO 81004.** For more information contact the Foundation Office at **(719) 549-3303** or email to **Martha.Simmons@pueblocc.edu**.

Nominee Information:

Nominee Name _____

Home Address _____

City, State, Zip _____ Phone _____

If this is nomination is posthumous, please provide the contact information of a survivor.

Submitted By:

Nominator Name _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Email Address _____

I hereby affirm that the facts and information I am providing are true and correct; I further authorize you to contact anyone I have named in this nomination.

Signature _____ Date _____