

## FREMONT HALL OF FAME NOMINATION FORM

In 2004, the Fremont Hall of Fame was established to honor individuals who, by their extraordinary effort, have contributed to the betterment or enhancement of Fremont and Custer Counties.

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 Fremont or Custer County 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 January of each year by a panel consisting of the community and members of the Fremont Hall of Fame Committee. They are honored at a banquet in the spring. Portraits and brief biographies of the inductees grace the walls of the Fremont Campus.

### Nomination Requirements and Regulations:

Nominations may be made from the community beginning in April of each year. They must be received by the Hall of Fame Committee by **February 10, 2017**.

### 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,  
Dean of the Fremont Campus, 51320 West Hwy. 50, Cañon City, CO 81212.**

### Nominee Information:

Nominee Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

If the 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 \_\_\_\_\_