

# EVERGREEN HIGH SCHOOL ATHLETIC WALL OF FAME

*Home of the Vikings*

14544 Co Rd 6, Metamora, OH 43540



## ATHLETIC WALL OF FAME APPLICATION PACKET

Nominee: \_\_\_\_\_

Category: \_\_\_\_\_ Athlete      \_\_\_\_\_ Coach      \_\_\_\_\_ Contributor/Administrator

Participation Dates at Evergreen High: \_\_\_\_\_

**Application fee - \$40 (Check written to Evergreen Athletics)**

### INSTRUCTIONS

All information requested on this form must be completed.

Documentation of sources listed as well as letters of recommendation must be received before April 1st, 2024 for the nomination to be considered.

All information submitted shall be retained by the Evergreen High School Selection committee.

The completed application packet must include:

- A letter of recommendation from the person making the nomination and other letters of support from appropriate individuals.
- Supporting documents, newspaper clippings, magazine articles, and other support materials.
- A photograph for possible publicity purposes may accompany this nomination.

Complete the appropriate section I, II, or III, then proceed to section IV.

# Evergreen High School Athletic Hall of Fame



**SECTION I – ATHLETE NOMINATION ONLY**

**A. EDUCATIONAL HISTORY:**

	School/Address	Years Attended	Year Graduated	Degree Earned
High School				
College/University				
Post Graduate				

**B. ATHLETIC PARTICIPATION AND HONORS** (Give complete details concerning specific performances, letters earned, years, records, etc. Also include details of high school and post high school athletic honors, awards, and recognition received as a result.)

**1. High School**

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**2. College / University**

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**3. Professional Athletics**

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# Evergreen High School Athletic Hall of Fame



## SECTION IV – COMPLETED BY ALL APPLICANTS

### A. COMMUNITY SERVICE AND CONTRIBUTIONS (Does not have to be Evergreen Community)

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### B. CURRENT CAREER (Achievements outside of Evergreen High)

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### C. OTHER INFORMATION NOT PREVIOUSLY LISTED.

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Person submitting this application: \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_

Date: \_\_\_\_\_

\*Check for \$40 will not be cashed if the nominee is not selected and mailed back to the applicant