

# Miss Arkansas

SCHOLARSHIP FOUNDATION

Hall of Fame Nomination Form

Nomination Deadline – May 30, 2017\*

**NOMINATION CATEGORY:** \_\_\_ 5-20 Years Post-MASP or \_\_\_ 21+ Years Post-MASP

**NOMINEE'S INFORMATION:**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ DOB \_\_\_\_\_

Last Year Title Executive  
In MASP \_\_\_\_\_ Held \_\_\_\_\_ Director \_\_\_\_\_

Spouse or Parents: Name \_\_\_\_\_ Phone: \_\_\_\_\_  
(So that we can ensure the winner attends to accept this award)

Under-Graduate Education \_\_\_\_\_  
(School/Area of Study/Degree(s) Received)

Post-Graduate Education \_\_\_\_\_  
(School/Area of Study/Degree(s) Received)

Other Specializations and/or Licenses \_\_\_\_\_

Awards/Recognitions During MAP Competition Years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Submitted by:**

\_\_\_\_\_

Print Your Name

Signature

Date

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mail completed  
form to:

Janell Mason, Chair  
315 Rock St., Ste 1800  
Little Rock, AR 72002

Or scan the completed  
form and email to:

jklmason2011@gmail.com

**Received by**

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

Hall of Fame Chair

Signature: \_\_\_\_\_

Nominee's Name: \_\_\_\_\_

CATEGORY: \_\_\_\_\_ 5-20 Years Post-MASP    **or**    \_\_\_\_\_ 21+ Years Post-MASP

Your Name: \_\_\_\_\_

**Hall of Fame** nominations are considered based on excellence in one or more of the following areas:

**Community Service/Involvement • Professional Achievement • Focus on the Family  
Academic Achievement (post-competition) • Personal Strength**

Choose one or more of these areas and describe, below, why this nominee should be considered for the Hall of Fame. Please limit your comments to this one page and submit with form.