

Miss Arkansas

SCHOLARSHIP FOUNDATION

Hall of Fame Nomination Form (2 pages)

Email completed form to: BillTLR16@gmail.com

Nomination Deadline – May 1, 2018*

Have questions? Call 501.246.0449

NOMINATION CATEGORY: _____ 5-20 Years Post-MASP or _____ 21+ Years Post-MASP

NOMINEE'S INFORMATION:

Full Name _____

Address _____

Phone _____ Email _____ DOB _____

Last Year In MASP _____ Title Held _____ Executive 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 _____

Received by

Date: _____

Hall of Fame Chair

Signature: _____

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**

Nominee's Name: _____

Your Name: _____

Choose one or more of the five areas listed **above** 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.