

# Miss Arkansas

SCHOLARSHIP FOUNDATION

Hall of Fame Nomination Form (2 pages)

**Nomination Deadline – May 1**

Send completed form to: [billtr16@gmail.com](mailto:billtr16@gmail.com) or P.O. Box 552, Brinkley, AR 72021

Have questions? Call (501) 264-0449

**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 MASP Competition Years \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is, or has been, her/his affiliation with the organization in the past? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Submitted by:**

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Your Name

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

**Received by**

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

Hall of Fame Chair

**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.

**Nomination Deadline – May 1 (\*Late submissions will not be accepted)**