



# Nomination Application

*Nominations will remain for consideration as potential candidates for five (5) years after the original date of nomination.*

**Hall of Honor Nominee:**

*Please provide your nominee's contact information*

Nominee's name \*

---

Nominee's address \*

---

Street, City, State, Zip

---

Nominee's email \*

---

Nominee's phone/cell \*

---

**Posthumous Award:**

*Hall of Honor Inductee nominations may be considered posthumously, this award is given only when outstanding merit or significant achievement are deemed necessary to be recognized.*

Is this a posthumous award?

Yes

No

**The Hall of Honor commemorates educators, alumni, and friends who have demonstrated extraordinary Fidelity, Honor, and Service to the Fayetteville Public Schools and our community.**

**The Hall of Honor award is given to candidates who have made outstanding contributions in one or more of the following areas:**

*Please select all that apply*

- Alumni/Student
- Educator/Employee
- Friend

**Alumni/Student Information (if applicable)**

*Must have attended or graduated from the Fayetteville School District. A nomination must be made ten (10) years or more from date of attendance or graduation of the candidate.*

Year of graduation \_\_\_\_\_

OR

Last year the nominee attended Fayetteville Public Schools \_\_\_\_\_

**Educator/Employee**

*Must have retired or resigned from the Fayetteville School District for three (3) or more years before being considered for nomination. Must have taught, worked, or contributed service to the Fayetteville School District for ten (10) years or more.*

Year of retirement \_\_\_\_\_

OR

Number of Years nominee taught/ contributed service to the Fayetteville School District \_\_\_\_\_



**References**

*Please notify the (3) individuals that have expressed interest in writing a recommendation letter for the nominee. Include phone number and email addresses.*

Reference 1: Name, phone number, email \*

---

Reference 2: Name, phone number, email \*

---

Reference 3: Name, phone number, email \*

---

**Nomination Submitted By:**

*Please give us your contact information*

Name

---

Address

---

Street, City, State, Zip

---

Email

---

Phone/Cell

---

Mail to:

PO Box 571

Fayetteville, AR 72702

Phone 479-527-3655 or [hoh@fayedfoundation.org](mailto:hoh@fayedfoundation.org) for further questions