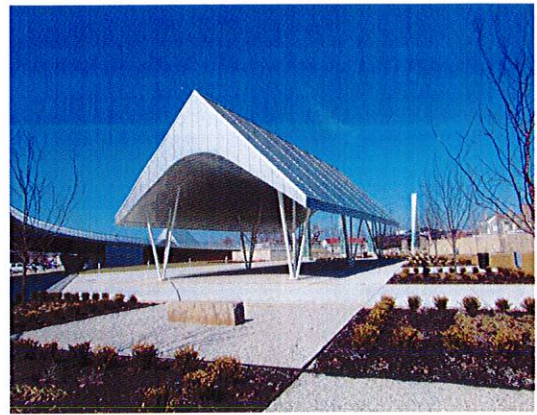




# CITY OF JEFFERSONVILLE

## Home of Champions

### Nomination Form



**Nomination Category (please check one):**

- Athletics**  
 Sport: \_\_\_\_\_  
 Year of Graduation: \_\_\_\_\_  
 Years Played or Coached: \_\_\_\_\_  
 Team Name: \_\_\_\_\_ Highest Level of Participation: \_\_\_\_\_  
 Individual Awards/Accomplishments: \_\_\_\_\_  
 Team Awards/Accomplishments: \_\_\_\_\_  
 Records Held or Set: \_\_\_\_\_
- Civic Accomplishment**
- Government/Military**
- Philanthropy**
- Professional Accomplishment**
- Public Service**

**IMPORTANT:** On a separate sheet, please include a **Letter of Recommendation**. This letter should be detailed and include information on the nominee's accomplishments and not just a list of involvement or titles. The committee is looking for contributions and achievements which reflect positively on the City of Jeffersonville. Please explain how the nominee's experience(s) influenced others in the community or contributed to the well-being of society. Be sure to include background and historical information, accomplishments, and a brief narrative on outcomes and added value. Supporting documents such as; newspaper clippings, magazine articles, etc. are helpful.

**Nominee's Information:**

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Living  Deceased  If deceased, please provide nearest relative information below.

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ (cell) Phone # \_\_\_\_\_ (other)

**Nominator Information:**

Name: \_\_\_\_\_ Relationship to Nominee: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

# REFERENCES FOR NOMINEE

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

Relationship to Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Relationship to Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Relationship to Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_