

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

**Lake Michigan College Athletic Hall of Fame  
Nomination Ballot**  
*Annually the Deadline for the Nomination Ballot must be  
received by the last day of November*

**Nominee's Address**

Nominee's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

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

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

Phone (Home): ( ) \_\_\_\_\_ (Work): ( ) \_\_\_\_\_

**Nominee's Employment (if applicable)**

Current Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

**Nominee's Education**

High School: \_\_\_\_\_ Years Attended: \_\_\_\_\_

College(s): \_\_\_\_\_

Name: \_\_\_\_\_ Years Attended \_\_\_\_\_ Degree Earned \_\_\_\_\_

Name: \_\_\_\_\_ Years Attended \_\_\_\_\_ Degree Earned \_\_\_\_\_

Name: \_\_\_\_\_ Years Attended \_\_\_\_\_ Degree Earned \_\_\_\_\_

**Nominee's Lake Michigan College Involvement**

Participated in what sport(s): \_\_\_\_\_

Involved with LMC as (check one): \_\_\_\_\_ Athlete \_\_\_\_\_ Coach \_\_\_\_\_ Associate

Total Number of Years(s) of Involvement: \_\_\_\_\_ Date(s) of Involvement: \_\_\_\_\_

**Nominee's Achievements at Lake Michigan College**

Athletic Achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coaching Achievements: \_\_\_\_\_  
\_\_\_\_\_

Other Services Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information about Nominee**

Other facts about the nominee that may be relevant to his or her nomination (use additional sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nominee's Photograph**

If selected, the College will need a photograph (preferably 5"x 7" in either color or black and white) of the nominee.

**Nominee's Availability**

Will the nominee be able to attend the Athletic Hall of Fame Award banquet and ceremony on Friday, February 20, 2004 if he or she is selected as an inductee? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Information about Nominator**

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

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

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

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

**To be considered for this nomination, form must be received by the last day of November**

**Complete and return form to:  
Doug Schaffer, Director Intercollegiate Athletics  
Lake Michigan College  
2755 East Napier Avenue  
Benton Harbor, MI 49022-1899  
(269) 927-8165 or Fax: (269) 927-8176**