



WALL OF FAME NOMINATION APPLICATION  
Tecumseh Alumni Association Wall of Fame  
PO Box 384, Tecumseh, MI 49286

DEADLINE: JANUARY 1, 2016

NOMINEE: \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER(S): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*CLOSE REL.: \_\_\_\_\_

\*(IF CANDIDATE IS DECEASED, please include name & address of closest living relative.)

**PLEASE CHECK RECOGNITION CATEGORY BELOW** GRADUATION YEAR or YEARS ATTENDED\*: \_\_\_\_\_

\*(Circle ALUMNUS if a TPS graduate)

ATHLETICS \_\_\_\_\_

FINE ARTS \_\_\_\_\_

BUSINESS / INDUSTRY \_\_\_\_\_

GOVERNMENT / POLITICS \_\_\_\_\_

OR OUTSTANDING YOUNG

COMMUNITY SERVICE \_\_\_\_\_

HEALTH / SCIENCE \_\_\_\_\_

ALUMNUS \_\_\_\_\_

EDUCATION \_\_\_\_\_

MILITARY SERVICE \_\_\_\_\_

(within 20 years of graduation)

YEARS OF PARTICIPATION, CONTRIBUTION OR EMPLOYMENT \_\_\_\_\_

- Please provide a detailed explanation of your reason for nominating this person or team. Use the back of this sheet if additional space is needed.
- Please attach resumes or additional pertinent information.

NOMINATION SUBMITTED BY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PLEASE SUBMIT FORM BY MAIL TO: TECUMSEH ALUMNI ASSOCIATION – WALL OF FAME  
PO BOX 384, TECUMSEH, MI 49286

Or e/mail to: Tecumsehalumni@gmail.com