



**CABOT PANTHER FOUNDATION
HALL OF FAME NOMINATION FORM**

Candidate's Information

Date _____ Nominating Category _____ Alumni - Class of _____
(Check all that apply) _____ Former Faculty/Staff - Year retired _____
_____ Community Member _____

Name _____

Title _____ Occupation _____

Address _____

Phone (s) _____ Email _____

Use additional sheet if necessary

Please provide a summary (highlights) of the candidate's career (And/or exceptional accomplishments)

Please provide information pertaining to candidate's extraordinary community or family service (*Youth, Church, School, and Civic Groups*)

Sponsor's Recommendation (*Provide rationale for the committee to review when considering this nominee's qualifications for the Panther Hall of Fame: Include copies of news clippings, magazine articles, photos or other documentation that may help with the committee's selection*):

Provide three names, with telephone numbers or email address, of persons familiar with the achievements of this nominee

- 1.
- 2.
- 3.

Sponsor's Contact Info:

Name _____ Address _____

Phone _____ Email _____

**Mail form to: Cabot Panther Foundation ATTN: Amanda Elizandro 602 N. Lincoln St. Cabot, AR 72023
Phone: 843-3363 (ext. 1059) Fax: 843-0576 amanda.elizandro@cps.k12.ar.us**

DEADLINE to turn in: June 30, 2015