MILLIGAN
UNIVERSITY

ATHLETICS HALL OF FAME
NOMINATION FORM

Nominee's Information

Full Name _____

Address _____

City/State/Zip _____

Day Phone _____ Email _____

Milligan class of _____ (if applicable)

Employer _____

Position _____

Employer's address _____

City/State/Zip _____

Please explain nominee's association with Milligan University's athletic program.

What outstanding contributions has the nominee made to athletics since his/her association with Milligan?

Milligan's vision statement is "Where Jesus Christ is exalted and excellence is the standard." How has the nominee embodied this statement in his/her personal and professional life?

List any awards or honors nominee has received for his/her athletic contributions and accomplishments.

Nominator's name _____

Day Phone _____ Email _____

Please email form to alumni@milligan.edu or mail to Alumni Relations, PO Box 101, Milligan, TN 37682.
Questions, please call 423.461.8718.