



2019 Titan Hall of Fame Nomination Form

Nominee Information:

First Name: _____ Last Name: _____

Graduation Year: _____ Maiden Name (if applicable): _____

Gender: _____ Male _____ Female Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Reason for Titan Hall of Fame Nomination:

Please email a letter of recommendation, along with this completed form, to DeAnn Scheeler, Director of Mission Advancement, deann.scheeler@k12.nd.us. You may also mail this submission to:

Trinity Catholic Schools
ATTN: Titan Hall of Fame
810 Empire Road
Dickinson, ND 58601

Nominator Information:

First Name: _____ Last Name: _____

Graduation Year: _____ Maiden Name (if applicable): _____

Gender: _____ Male _____ Female Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____