



# We are Minnetonka Community Ed



## Minnetonka Community Education Hall of Fame Nomination Form

### Instructions:

Nominations must be submitted by February 21, 2020 to Minnetonka Community Education (MCE) and should include the following:

1. Required: Name, address and contact information of nominee
2. Required: Your name and contact information
3. Required: Your relationship to nominee
4. Required: Major accomplishment(s) of the nominee and how they relate to MCE
5. Optional: Any additional supporting information
6. Optional: Additional supporting documentation (letters of recommendation, photos, etc.)

You will receive confirmation that your completed nomination was received. Incomplete nominations may not be forwarded for judging. Nominations will be reviewed by the MCE Selection Committee. Nominations will be scored based on the value of the nominee's contributions to MCE, the impact of their achievement(s), and the enduring value of their achievement(s).

Your completed form and information you provide in your nomination is the primary tool used to determine the merits of your nominee for induction into the MCE Hall of Fame. Only the completed nomination form and additional documentation (letters of recommendation, photos) will be sent to the Selection Committee for scoring and final selection.

*Deadline for Submissions: Nominations must be submitted online or postmarked by **February 21, 2020** at 5:00 p.m., mail to: Minnetonka Community Education, 4584 Vine Hill Rd, Excelsior, MN 55331*

Please check appropriate nomination category:

- Community Partners
- Participants
- Volunteers
- Minnetonka Staff and MCE Instructors

### Nominee Information

Name of Nominee: \_\_\_\_\_ CellPhone (if known): \_\_\_\_\_

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

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

Tell us why you feel this nominee should be considered for the category selected above. Write a narrative on the nominee's MCE accomplishments: \_\_\_\_\_

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*\*Attach any supporting documentation (letters of recommendation, photos, etc.)*

**Your Information**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

What is your relationship to the nominee? \_\_\_\_\_

\_\_\_\_\_