



## Gallaudet University Hall of Fame Official Nomination Form

Nominee's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone/Videophone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Nominator's Statements:**

*Please answer the following questions to support your nomination of the above individual for the Gallaudet University Hall of Fame. Use specific examples and information.*

1. To what extent has the nominee contributed to the deaf and hard of hearing communities through his/her actions?

---

---

---

---

2. What has the nominee accomplished to gain national or international stature?

---

---

---

---

3. How has the nominee been recognized? List awards and recognition given by organizations, government agencies, etc.

---

---

---

---

4. Describe how the nominee has engaged with Gallaudet.

---

---

---

---

5. Please include any other reasons you believe the nominee should be inducted in the Hall of Fame. Also include web links to any feature stories or articles about the nominee.

---

---

---

---

**Attachments:**

*Please attach documents detailing biographical information to support your nomination, such as a resume, feature and news stories, and letters of recommendation.*

Nominator's Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Home Phone/Videophone: \_\_\_\_\_ Fax: \_\_\_\_\_

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you need assistance, please contact  
Division of Institutional Advancement • Gallaudet University  
800 Florida Avenue, NE • Washington, DC 20002-3695  
[HOF@gallaudet.edu](mailto:HOF@gallaudet.edu) • 202-559-0423 (VP/VRS) • 202-651-5467 (Fax)