

# OUR LADY OF THE SACRED HEART HIGH SCHOOL HALL OF FAME

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The Hall of Fame Committee is  
now accepting nominations for  
the 2015 Hall of Fame.



The Hall of Fame will recognize outstanding athletes, coaches, educators, administrators, support people and alumni. Inductees will be honored for their contributions, commitment and accomplishments while at Our Lady of the Sacred Heart High School. Honorees will also be recognized for their achievement and involvement in their profession and community.

Any interested person may submit a nominee's name for consideration.

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For more information on the Hall of Fame or nomination process, please call:

The OLSH Advancement Office, at (412) 269-7726



Our Lady of the Sacred Heart High School  
1504 Woodcrest Avenue • Coraopolis, PA 15108-3054  
(412) 264-5140 • info@olsh.org • www.olsh.org

# OUR LADY OF THE SACRED HEART HIGH SCHOOL HALL OF FAME

## Nomination Form



PLEASE PRINT OR TYPE

### CANDIDATE INFORMATION

First, Middle and Last Name of Candidate: \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_

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

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

Birthdate \_\_\_\_\_ Place \_\_\_\_\_ (If Deceased) Date of Death \_\_\_\_\_

### HIGH SCHOOL HISTORY

High School(s) Attended: \_\_\_\_\_

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

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

Year of Graduation: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Years Played: \_\_\_\_\_

Honors: \_\_\_\_\_

### COLLEGE HISTORY

College Name: \_\_\_\_\_

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

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

Year of Graduation: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Years Played: \_\_\_\_\_

Honors: \_\_\_\_\_

College Name: \_\_\_\_\_

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

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

Year of Graduation: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Years Played: \_\_\_\_\_

Honors: \_\_\_\_\_

### COACHING HISTORY

Coaching Experience(s): \_\_\_\_\_

Honors: \_\_\_\_\_

(please continue on next page)

# Hall of Fame Nomination Form Continued

Other Athletic Experiences and Achievements (Officiating, Administration, Support Groups, etc.):

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Other Recognition (Civic, Professional, Publishing, etc.):

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Other Information you feel will assist the Nomination Committee in their review of this candidate:

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## NOMINATOR INFORMATION

First and Last Name \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Send Completed Form to: OLSH Hall of Fame

Attn: Jack Hinds  
1504 Woodcrest Avenue  
Coraopolis, PA 15108-3054



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