



**Criteria for MHSCA Hall of Fame Application:** Only persons who have coached and/or directed a secondary school athletics (6-12) program for **20 years** or more and actively coached in the state of Michigan for a minimum of 10 years are eligible for the MHSCA Hall of Fame. The applicant must have been a member in “good standing” in their sport’s association prior to application. In addition, preference will be given to individuals who have met the previous criteria and have been inducted into their own sport association’s Hall of Fame.

In addition to the completed application the nominee will need two letters of support forward to:

E-mail is preferred: [mholdren.11@gmail.com](mailto:mholdren.11@gmail.com) or Mark Holdren, 854 Marshall Street, Portland, MI 48875

**1. NOMINATOR’S CONTACT INFORMATION:** The Nominator is critical in working with and encouraging the Nominee to complete the next portion of the application and complete the process by arranging for two letters of support to be sent to the above email or address.

Nominator’s Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**2. NOMINEE CONTACT INFORMATION:**

Date of Birth: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nominee E-mail: (please print carefully) \_\_\_\_\_

**3. CONTACT INFORMATION FOR SCHOOL MOST AFFILIATED:**

School \_\_\_\_\_ Year’s at School: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Athletic Director Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Athletic Director E-Mail Address \_\_\_\_\_

\*\*\*\*\*ONLY LIST A SECOND SCHOOL IF THERE IS AN EQUAL AFFILIATION\*\*\*\*\*

School \_\_\_\_\_ Year’s at School: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Athletic Director Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Athletic Director E-Mail Address \_\_\_\_\_

**4. COACHING HONORS (Local/State/National Recognitions AND Milestones):** Please include the proper name of the recognition (no abbreviations), number of times recognized, and years recognitions were received. (e.g: MHSCA COTY = Michigan High School Coaches Association Coach of the Year—2X—2012, 2015; G.L.A. HoF = Greater Lansing Area Hall of Fame—2017)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. COACHING STOPS:** Please provide all information for all sports coached during your career. SEE EXAMPLE.

<u>School Name</u>	<u>Level—Sport Years Seasons</u>	<u>Team Highlights and Accomplishments</u>
Example: Smithville HS	Varsity-Girls Basketball 1990-2011, 2015-2021 26 Seasons	State Champions 3X (1995, 1997, 2005); Regional Champions 5X (1995, 1997, 2005, 2016, 2017); District Champions 5X (1995, 1997, 2005, 2016, 2017); Capital Area Athletic Conference Team Champions 3X (1995, 2005, 2010); Win/Loss Record 359-29
Example: Smithville HS	JV-Boy’s Cross Country 1995-2010 15 Seasons	NO HIGHLIGHTS

**7. SERVICE TO SPORT AND/OR SPORT ASSOCIATION: (Leadership Roles in Sport Associations, State/National Committees, Organizations, etc.)** Please provide name of position held, committee served, and specific years of service. (e.g.: President—Basketball Association—3 yrs—1990-1993).

---



---



---



---



---



---



---

**8. SPORT ASSOCIATION MEMBERSHIP(S):**

Name of Association: \_\_\_\_\_, \_\_\_\_\_ yrs.

Name of Association: \_\_\_\_\_, \_\_\_\_\_ yrs.

Name of Association: \_\_\_\_\_, \_\_\_\_\_ yrs.

My signature below acknowledges that the information provided on this application to be true and accurately reflects my coaching career.

\_\_\_\_\_

SIGNATUREDATE