



# Connecticut Hall of Fame

## NOMINATION FORM

The following nomination is submitted to the Connecticut Hall of Fame for the year

(Please Type)

Submission Date \_\_\_\_\_

### ELIGIBILITY

Nominees eligible for election to the Connecticut Hall of Fame must be current or former residents of Connecticut, shall have performed outstanding service to humanity, to the state of Connecticut or to the United States, and/or be known for their public service throughout the state; or, if nonresidents, shall be eminently distinguished in their profession or in literature, science, arts, humanities, industry, statesmanship or military affairs, which work shall have brought honor or distinction to Connecticut or have contributed to the state's heritage.

### PERSONAL INFORMATION

Nominee Name \_\_\_\_\_ Living  or Deceased

If deceased date of death \_\_\_\_\_

Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

CT Residence (City/Town) \_\_\_\_\_ Approx. dates \_\_\_\_\_

Other Address (if not a CT resident.) \_\_\_\_\_

### CONNECTION TO CONNECTICUT

Identify the nominee's connection to Connecticut (examples: born and raised in the state, educated here, most notable achievements here, etc.)

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**MAJOR FIELD OF ENDEAVOR OR NOMINEE'S TITLE(S)**

(Example: Author, Educator, Humanitarian, Political Activist, Scientist, Social Activist, etc.)

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**OUTSTANDING ACCOMPLISHMENTS OR CONTRIBUTIONS FOR WHICH NOMINEE SHOULD BE CONSIDERED (Describe the ways in which the nominee's achievements or contributions have been of enduring value.)**

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**PERSON SUBMITTING NOMINATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_

Agency or organization you represent (if applicable)  
\_\_\_\_\_

**FOR INFORMATION:**

Call: **Sandra Forte**, Senior Executive Assistant, Office of Legislative Management

Website Address: <http://www.cga.ct.gov/halloffame.htm>

Telephone: **860-240-0100**

Email: [JCLM@cga.ct.gov](mailto:JCLM@cga.ct.gov)

Fax: **860-240-0122**

**RETURN COMPLETED FORM TO:**

Connecticut Hall of Fame, Office of Legislative Management, 5100 Legislative Office Building, Hartford, CT 06106

Thank you for your nomination. If your nominee was selected we will contact you.

Nominee's Name \_\_\_\_\_