



**SAINT VINCENT COLLEGE**  
**BEARCATS**

NOMINATION FORM

**ATHLETIC HALL**  
*of* **FAME**

The Saint Vincent College Athletic Hall of Fame honors those who excelled in varsity athletics during their tenure at Saint Vincent College and post-graduation athletic success. Individuals who have coached a varsity sport at Saint Vincent may be inducted as a special awardee.

Nominees for the Athletic Hall of Fame must share a dedication to athletic achievement, to their sport and to Saint Vincent College. Those being nominated should also possess the following qualities:

- Graduated over 10 years ago (does not apply to coaches)
- Coached or excelled in a varsity sport while at Saint Vincent
- Post-Saint Vincent College athletic success
- Post-graduation commitment to Saint Vincent

Please provide as much information as possible, particularly pertaining to the nominee's contribution in the various categories listed above. Anyone is eligible in nominating someone for these awards. Please complete the entire nomination form. Incomplete nominations will not be considered. Attach additional sheets as needed.

Please check which award you are making a nomination for:

- Varsity athlete  
 Coach

Nominee Name (include maiden if applicable): \_\_\_\_\_

Mailing Address/Phone: \_\_\_\_\_

Class Year(s): \_\_\_\_\_

Major(s): \_\_\_\_\_ Additional Education or Degrees: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title/Description : \_\_\_\_\_

Sport(s) lettered and years: \_\_\_\_\_

Athletic awards received while participating in varsity athletics at Saint Vincent (e.g., player of the week/month, academic all-American, MVP, all-conference, etc.) Records set, athletic achievements:

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

Nominee's achievements, accomplishments and/or efforts that make him/her a great candidate for this award:

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Please provide any additional information about this candidate that you feel would help the selection committee fully appreciate his or her contributions in the areas mentioned above.

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Nominator:

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

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Saint Vincent Class Year (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please submit completed nomination form  
by February 1 to:**

**Office of Alumni Relations  
Saint Vincent College  
300 Fraser Purchase Road  
Latrobe, PA 15650  
724-805-2568  
alumniawards@stvincent.edu**