

***Lincoln High School
Hall of Fame
Nomination Form***

Return the completed form to:

Barry Foster: barry.foster@k12sd.us
Lincoln High School
2900 S. Cliff Avenue
Sioux Falls, SD 57105

Name: _____
 Last First Middle

Maiden name (if applicable): _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____

Year of graduation: _____

Check any that apply:

____ Athlete (list sports): _____

____ Fine Arts (list activities) _____

____ Academics: _____

____ Teacher: _____

____ Administrator: _____

____ Contributor: _____

Criteria for being considered for this award: Staff members who have not been employed at LHS for a minimum of three years. Students who graduated from LHS for a minimum of five years. There is no time limit for contributors.

Name of nominator: _____

Address: _____

Telephone: _____