# LUVERNE EDUCATOR HALL OF FAME

**Please return this completed form, along with support documentation required to:**
**SUPERINTENDENT CRAIG OFTEDAHL**
**709 North Kniss Avenue Luverne MN 56156 or email: c.oftedahl@isd2184.net**

**APPLICATIONS ARE ACCEPTED ANNUALLY: JANUARY 1 THRU APRIL 30**

| | |
|---|---|
| **NAME OF NOMINEE:** | |
| **Or NOMINEE REPRESENTATIVE:** | |
| **ADDRESS:** | |
| **CITY/STATE/ZIP** | |
| **CONTACT PHONE:** | |
| **EMAIL ADDRESS:** | |

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|---|
| **PRIMARY POSITION(S) AT LUVERNE PUBLIC SCHOOLS:** |
| |
| **EDUCATION (LIST ALL DEGREES EARNED):** |
| |
| **PRINCIPAL JUSTIFICATION FOR RECEIPT OF AWARD:** |
| |

| SPECIFIC OUTSTANDING ACHIEVEMENTS IN CAREER AT LUVERNE PUBLIC SCHOOLS: |
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| |
| **ACKNOWLEDGEMENTS OF SUPPORT FROM STUDENTS AND ALUMNI:** |
| |
| **PROFESSIONAL RECOGNITION(S):** |
| |
| **CONTRIBUTIONS TO THE COMMUNITY:** |
| |

| | |
| --- | --- |
| **NOMINATED BY:** | |
| **ADDRESS:** | |
| **CITY/STATE/ZIP** | |
| **CONTACT PHONE:** | |
| **EMAIL ADDRESS:** | |