01:54PM

Dawahares / KHSAA Hall of Fame Nomination Form

KHSAA Form GE30 Rev. 4/03

| Information about Nominee | | | | | |
|--|--------------------------|--|--|--|--|
| Name: | Bob Rogers | | | | |
| Is the nominee deceased | ? (circle) | YES | (NO) | | |
| (If nominee is not deceased, please fill out address information below) | | | | | |
| Address: | 548 Lake D | rive | | | |
| | | | | | |
| City, State, Zip | Benton KY | 42025 | | | |
| Phone (list day and night) | 270-753-43 | 270-753-4363 270-293-5773 | | | |
| | | | | | |
| | <u>t person making i</u> | nomination (list "s | self" if self-nominating) | | |
| Name: | Lonnie I. | | | | |
| Address: | 914 East | 914 East College Street | | | |
| | | | | | |
| City, State, Zip | Mayfield | KY 42066 | | | |
| Phone (list day and night) | Mayfield 270-247-3 | 1868 270 | 0-705-9448 | | |
| Please list the primary cat | | thout this informa n (circle)– OFFICIA | | | |
| | | | | | |
| Birth Date of Nominee | 03-13-44 | | | | |
| Sex (circle one) | | Male | Female | | |
| Is the nominee a minority (African American and others) as defined in 2(c) | | Yes | No | | |
| If this person is being r | | pach, please comp ermation- | plete the following additional | | |
| Coached at which High So | | | | | |
| Year of Retirement | | | | | |
| Primary KHSAA basketba | Il region as | | *** *** *** *** *** *** *** *** *** ** | | |
| defined in 2(b) | | | | | |

(over for remainder of application)

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If this person is being nominated as an Athlete, please complete the following additional information-

| | informat | ion- | |
|--|---|--|-------------------------|
| High School Attended | 4 | | |
| Graduation Year | | | |
| Primary KHSAA basketball r defined in 2(b) | egion as | | |
| If this person is being non | ninated as an Official Informat | | following additional |
| Primary Officiating Accomplishments at the High School Level | | | |
| For persons being nomina | informat | tion | |
| Please summarize this personners the high school level in Kent | on's accomplishments acky. | as a coach, player, off | icial or contributor at |
| | | | |
| | I. Separate S | heet | |
| | | | |
| Please list any other factors Committee to consider. | about this individual ti | nat you would like for tr | le Hall of Fame |
| | | | |
| | II. Separate S | heet | |
| I certify that I have truthfully in nominee, that he/she will at addition Signature Lance T. Burge | ccept induction if selecte lai information be needed | d, and I will cooperate wit d for his/her consideration | th the KHSAA should |

Attach any relevant press clippings and materials which would verify coaching win-loss records, or other statistical information. Also attach any other letters of recommendation of other information which may be helpful to the committee in making a final selection.

Director of District-Wide Instructional Services Title I Coordinator

Director of Pupil Personnel Health Services Coordinator

Mapfield Independent School Wistrict

BOARD OF EDUCATION

914 East College Street MAYFIELD, KENTUCKY 42066

LARRY JACKSON

Chainnan

PAT POWERS Vice-Chairman PHONE: (270) 247-3868 FAX : (270) 247-3854

LONNIE J. BURGETT, Superintendent

CAROL COVINGTON CHRIS GREEN SHARON YOUNGBLOOD GEORGE GLOVER

Maintenance Director

RANDY SMITH

Transportation Director

DAVE PUCKETT

Special Education Director

504 Coordinator

CHERI GOSSETT Technology Coordinator

ANITA GRANIER Public Relations Director

Bob Rogers

- L Played 3 years of varsity basketball Baseball/basketball coach for 6 years High school principal for 15 years
- II. Superintendent for 18 years

42 years total experience

Served 14 years on KHSAA Board of Control:

2 years as Vice President

2 years as President

Served as chairman of Constitution and By-laws committee for several years Served as chairman of Audit and Finance committee for several years during the most difficult financial times of the KHSAA.



