Dawahares / KHSAA Hall of Fame Nomination Form

17.

| Information about Nominee | | | | | | | |
|--|------------|---|------------------|-------------|--|--|--|
| Name: | Dov | G SCHLO | EMER | | and the state of t | | |
| Is the nominee deceased | ? (circle) | | YES | | (NO) | | |
| (if nominee is not deceased, please fill out address information below) | | | | | | | |
| Address: | 2 | 2547 FRONTIER DR | | | | | |
| | | | | | | | |
| City, State, Zip | | HEBRON, Ky 41078 | | | | | |
| Phone (list day and night) | | HEBRON, Ky 41048 859 431-3200 (0) 859 586-8413 (H) | | | | | |
| | | | • | | | | |
| Information about Name: | it person | making nom | ination (list "s | elf" if sei | f-nominating) | | |
| | | | | | ······································ | | |
| Address: | | | | | | | |
| 0:1-01-1-7:- | | | | | | | |
| City, State, Zip | | | | | | | |
| Phone (list day and night) | | | | | | | |
| Selection Process in helping to ensure that the desired objectives with regard to the consideration of nominees and the induction process is satisfied. (Application will not be accepted without this information) Please list the primary category of nomination (circle)— PLAYER COACH OFFICIAL CONTRIBUTOR | | | | | | | |
| | | | | | | | |
| Birth Date of Nominee | | 1/27/60 | | | | | |
| <u></u> | | | | | | | |
| Sex (circle one) | | (Mal | <u>)</u> | | Female | | |
| | | | | | | | |
| Is the nominee a minority (African American and others) as defined in 2(c) | | American | Yes | | No | | |
| If this person is being nominated as a Coach, please complete the following additional information- | | | | | | | |
| Coached at which High S | chool(s) | | ··········· | | ······································ | | |
| | | | | | | | |
| Year of Retirement | <u> </u> | | | ···· | | | |
| Primary KHSAA basketball region as | | | | | | | |
| defined in 2(b) | | | | | • | | |

(over for remainder of application)

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

| High School Attended | COVINGTON | HOLMES | |
|------------------------------------|-----------|--------|--|
| Graduation Year | 1978 | | |
| Primary KHSAA basketball region as | | ath | |
| defined in 2(b) | | 9''' | |

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

| *************************************** | | | | | | | |
|---|--|--|--|--|--|--|--|
| Primary Officiating | | | | | | | |
| Accomplishments at the | | | | | | | |
| High School Level | | | | | | | |

For persons being nominated in all categories, please complete the following additional information

| | information | | | | | | | |
|--------------|--|-----------------|--|--|--|--|--|--|
| | Please summarize this person's accomplishments as a coach, player, official or contribute high school level in Kentucky. | utor at | | | | | | |
| | | 1 5 10 0 10 0/6 | | | | | | |
| \backslash | MCDONALD'S ALL-AMERICAN (HON MENTION) ALL TIME | 4 NERBINDEN | | | | | | |
| 7 | of the felt the felt the first the f | ı | | | | | | |
| | POSTEM IN BURRALO ROUNDEALL CLASSIC IN BURGALO, N.Y. AT HOW II GAST-WESS AND KY-IND SCRIES "GRADUATE CLASSIC | 9 42 1N | | | | | | |
| | VOTED TOP PUYER IN GTR. CIN (COH) + NKY (1978); ACCEPTED BASKETBALL. | SCHOLARSHIP TO | | | | | | |
| | Please list any other factors about this individual that you would like for the Hall of Family | | | | | | | |
| | Committee to consider. | CWCINNATI | | | | | | |
| | -MR. BASKETBALL 1978 4 TIME NKAC (2 TIME CONF. P | | | | | | | |
| | -3 TIME ALL-STATE 2,682 VARSITY DOINTS (#21 | N 9th REGION) | | | | | | |
| | -4 PME ALL 9th REGION 150 TEAM TO 3 STRAIGHT S | | | | | | | |
| | -4 TIME ALL 39" DISTRICT LEADING VOTE GETTER 1978 ALL-STY | HE TOURNEY TEAM | | | | | | |
| | ALSO BROAD UST GAMREGION BASILETBALL GAMES FOR 7-8 YRS IN 1990'S | · 4 YR VANSITY | | | | | | |
| | I certify that I have truthfully completed this information about the nominee with the permission of the | | | | | | | |
| | nominee, that he/she will accept induction if selected, and I will cooperate with the KHSAA should | | | | | | | |
| | additional information be needed for his/her consideration. | | | | | | | |
| | Signature / Varian III Name (print) HARRY TODD Date 2 S | tor | | | | | | |

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.

