

# MARQUETTE FOUNDATION

...serving Marquette High School since 1977

## Board Member Nomination Form

\*\*\* CONFIDENTIAL \*\*\*

Please complete the information requested and return this form by March 30, 2010 to:

The Marquette Foundation  
306 West Tenth Street  
Michigan City, Indiana 46360  
fax: 219.871.2208  
Email: [jquinlan@marquette-hs.org](mailto:jquinlan@marquette-hs.org)

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

Date of Birth: \_\_\_\_\_ Catholic Parish: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you Marquette Catholic Alumnus/a?      No      Yes      Class of: \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_

Is he/she a Marquette Catholic Alumnus/a?      No      Yes      Class of: \_\_\_\_\_

Children's Names (if applicable):

\_\_\_\_\_ Class of: \_\_\_\_\_ (if applicable)

\_\_\_\_\_ Class of: \_\_\_\_\_ (if applicable)

\_\_\_\_\_ Class of: \_\_\_\_\_ (if applicable)

\_\_\_\_\_ Class of: \_\_\_\_\_ (if applicable)

\_\_\_\_\_ Class of: \_\_\_\_\_ (if applicable)

### Work/School Information:

Name of Business/School: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

**Professional Background:**

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**Positions Held and Location:**

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**Other Pertinent Information:**

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**What qualities, contributions and/or qualifications can you afford The Marquette Foundation?**

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