

**THE LUTHERAN HOUR MINISTRIES FOUNDATION
BIOGRAPHICAL INFORMATION
NOMINATIONS FOR TRUSTEE**

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

HOME PHONE (____) _____ BUSINESS PHONE (____) _____

CELL PHONE (____) _____ FAX (____) _____

E-MAIL _____

NAME OF SPOUSE _____ DATE OF MARRIAGE _____

CHILDREN'S NAMES _____

EDUCATIONAL HISTORY: Circle the last year of formal education completed.

8 9 10 11 12 13 14 15 16 17 18

HIGH SCHOOL _____ CITY, STATE _____

COLLEGE _____ CITY, STATE _____

COLLEGE MAJOR _____ DEGREE(S) _____

DATE OF GRADUATION _____

EMPLOYMENT:

FIRM NAME _____

ADDRESS _____ CITY/STATE _____ ZIP _____

POSITION _____ DATE OF EMPLOYMENT _____

LIST PREVIOUS EMPLOYMENT:

POLITICAL & CIVIC EXPERIENCE, ORGANIZATIONS & OFFICES HELD (give dates, if possible)

MILITARY SERVICE (give rank attained and dates of service)

IS THE NOMINEE AN LLL SUPPORTER? (circle one) **YES** **NO**

CURRENT LLL POSITIONS:

LOCAL LEVEL _____ ZONE LEVEL _____
DISTRICT LEVEL _____ INT'L _____
DISTRICT NAME _____ REGION NAME _____

FORMER LLL POSITIONS: (give dates)

LOCAL LEVEL _____ ZONE LEVEL _____
DISTRICT LEVEL _____ INT'L _____
DISTRICT NAME _____ REGION NAME _____

CHURCH MEMBERSHIP:

CONGREGATION NAME _____
CITY/STATE _____ ZIP _____

POSITIONS HELD IN THE CHURCH AND CHURCH RELATED ORGANIZATIONS (give dates if possible)

SPECIAL AWARDS AND RECOGNITION:

PLEASE SEND COMPLETED FORM TO:

MR. DON BROSZ
THE LHM FOUNDATION NOMINATIONS COMMITTEE
2304 HILLSIDE DRIVE
LARAMIE, WYOMING 82070
dbrosz@uwyo.edu