

**SYLVANIA SCHOOLS DISTINGUISHED ALUMNI HALL OF FAME
NOMINATION FORM**

Please return to:
Selection Committee Chair, Academic Excellence Foundation
PO Box 608, Sylvania, OH 43560

Date: _____

Nominee's Name: _____

Name of Spouse: _____ Number of Children (if any): _____

Nominee's Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (area code) (____) - _____ Email: _____

Nominee's Year of High School Graduation: _____

from which school (circle one) Burnham Sylvania Northview Southview

Nomination Submitted by: _____

Your address: _____

Your phone number: (____) - _____

Your Relationship to the Nominee: _____

How long have you known the nominee?: _____

Have you nominated this person before?: _____ When?: _____

If you graduated from the Sylvania School District, please note your:

School: _____ Year of Graduation: _____

**PLEASE STATE YOUR REASONS FOR NOMINATING THIS PERSON
FOR THE ALUMNI HALL OF FAME**

(use the back side of this paper or a separate sheet)

Nominees must meet the following criteria to be considered:

- | | |
|---|---|
| ◆ be a graduate of the Sylvania Schools | ◆ achieved local, state or national recognition |
| ◆ have graduated 10 years prior to current year | ◆ made significant contributions to mankind |
| ◆ can be living or deceased | ◆ must be of excellent character |

Additional forms and information available on the website: www.sylvaniaschools.org/alumni