



AHS/HHS/LHS Hall of Fame Nomination Form

NAME OF NOMINEE:

last first (maiden name, if applicable)

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

High School: _____ Class of: _____ email: _____

In a few words, please give your reasons why this graduate's name should be placed in nomination:

Your Name: _____

Address: _____

Phone: _____ email: _____

Date of submission: _____

All applications will be kept on file for three years. Only those nominees whose resumes are on file will be considered. Those who are not chosen the first year of their nomination will be reconsidered annually.

Please send this form to Hall of Fame Nomination, P.O. Box 297, Ashtabula, OH 44005-0297