

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

**Please return to:**

Selection Committee Chair, Academic Excellence Foundation  
4747 N. Holland Sylvania Rd., Sylvania, OH 43560  
Fax: 419-824-8503 or email ncrandell@sylvaniaschools.org

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](http://www.sylvaniaschools.org/alumni)