



**Berea City School District
DISTINGUISHED ALUMNI HALL OF FAME
NOMINATION FORM**

Name of person being nominated _____ Year of graduation _____

Graduate of (circle one): **Berea** **Midpark**

Address _____ City _____ State ____ Zip _____

Home phone ____/____/____ Work phone ____/____/____

Nominees will be evaluated based on their academic/professional accomplishments, service to their communities, and as role models and representatives of the Berea City School District's standards of excellence.

*The committee asks that your nominee be able to be present at the induction ceremony in **April (tba)***

Please state why you feel that your nominee should at this time be inducted into the Hall of Fame. Please include additional information, articles, resumes, newspaper clippings, etc., supporting your nominee.

**Return by NOVEMBER 1 to be considered for the following April to:
DISTINGUISHED ALUMNI NOMINATING COMMITTEE,
ALUMNI OFFICE, 390 FAIR STREET, BEREA, OHIO 44017**

Your name _____ Phone number _____

Address _____ Email _____