

Galion City Schools Hall of Fame Nomination Form

Name of Nominee _____

Galion High School Graduating Class _____

If a faculty member, years teaching in the Galion Schools _____ to _____

Nominee Address _____

(Email address if available) _____

Phone: _____

If the nominee is deceased, please provide name, address and phone number of nearest relative or designated recipient.

Relationship to Nominee: _____

Nominees High School Accomplishments, such as National Honor Society, athletic teams, performing arts groups or other accomplishments while at Galion High School.

College(s) Attended (if applicable)

Undergraduate _____ Degree _____

Graduate _____ Degree _____

Doctoral _____ Degree _____

Military Service (if applicable)

Branch _____ Years of Service _____

Awards and Commendations _____

Rank at end of service _____

Memberships

(Please identify any service, fraternal, or other organizations)

Awards and recognition

_____ Date _____

_____ Date _____

_____ Date _____

Recommendation

Please give your reasons for nominating this individual. You may use additional sheets for this Recommendation if necessary.

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If you wish us to contact another party for more information, please list them below.

Name: _____

Phone: _____ Email _____

Name of person making recommendation

Relationship to Nominee

Telephone number

Email Address

Date Nomination Received _____