

Galion City Schools Hall of Fame
Nominating Form

NOMINEE _____

GHS Graduating Class _____

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

Nominee Address _____

_____ email address if available

If the nominee is deceased, please give name & address of nearest relative or designated recipient:

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 & commendations _____

Rank at end of service _____

Memberships

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

Awards and recognition

Award _____	Date _____
Award _____	Date _____
Award _____	Date _____

Please give your reasons for nominating this individual. You may use additional sheets for this recommendation.

Name of person making recommendation _____

Contact information: telephone number _____
Email Address _____

DATE RECEIVED _____