

MINERVA HIGH SCHOOL
ALUMNI HALL OF FAME APPLICATION

NAME OF NOMINEE _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

YEAR OF GRADUATION FROM MHS _____ CHECK IF NOMINEE IS DECEASED ___

FURTHER EDUCATION _____

COMMUNITY SERVICE _____

ON SEPARATE PAPERS PLEASE WRITE INFORMATION THAT SUPPORTS YOUR NOMINATION
OF THIS PERSON IN APPROXIMATELY 100 WORDS. YOU MAY ADD OTHER INFORMATION
THAT YOU CONSIDER IMPORTANT.

SIGNATURE AND ADDRESS OF PERSON MAKING THIS NOMINATION:

Signature _____

Address _____

City, State, Zip _____

Phone _____ E-Mail _____

RETURN TO:
MINERVA EDUCATION FOUNDATION AND ALUMNI ASSOCIATION
P. O. BOX 42
MINERVA, OH 44657