



**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.*

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.

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**Return to:**  
**DISTINGUISHED ALUMNI NOMINATING COMMITTEE,**  
**ALUMNI OFFICE, 390 FAIR STREET, BEREA, OHIO 44017**

Your name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_