

**DISTINGUISHED ALUMNI HALL OF FAME
NOMINATION FORM
FOR MIDPARK/BEREA HIGH SCHOOL**

Name of person being nominated _____ Year of graduation _____

School (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 Midpark/Berea High School'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 _____