WARREN LOCAL SCHOOLS WARRIOR HALL OF HONOR NOMINATION SHEET

The purpose of this non-profit organization shall be to recognize and honor those persons who, through their performance and achievements, reflect credit on the Warren Local School District so that present-day students may identify with the past and establish goals for the future..

This non-profit organization seeks nominations for inductees each year. Nomination forms and nominating criteria may be picked up in the high school office or downloaded from the website (www.warrenlocal.org). Completed nominations are due in the high school office by June 1 each year.

The Warrior Hall of Honor is funded through private donations and fundraising.

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION (N/A may be used if information is not applicable)

NAME OF NOMINEE		
MAIDEN NAME		CLASS
MAILING ADDRESS		
EMAIL ADDRESS	·	
CITY	STATE	ZIP
HOME PHONE	BUSINESS/CEL	.L
BUSINESS ADDRESS		
CITY	STATE	ZIP
(High school organizations, athletics, achievements, activities, honors)		

College/University Attended (degrees, activities, honors)	Class
Post Graduate/College Attended (honors)	Class

<u>Present and Past Career/Occupations</u> A career summary would be appreciated. List awards and/or honors.

ist community involvement/activities.
the nominee is a Warren Local graduate, specify how the education earned ithin the District has been beneficial in the nominee's career and personal fe. Cite influential teachers and memorable experiences. (Omit if nominee deceased.)

-	ving candidates for induction into the Warren Local
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	the application will be held on file for five years.
If deceased, date of death: _considered until first anniver	rsary of death.
Return to:	Warren High School Principal Attn: Warrior Hall of Honor 130 Warrior Drive Vincent OH 45784
Deadline:	June 1
Induction:	Set at the discretion of the Committee.

CERTIFICATION

I hereby certify the information furnished to the Warrior Hall of Honor Committee, in regard to the nominee, is both accurate and true, to the best of my knowledge.

Ву:	(Signature of Nominator)
By:	(Printed Name of Nominator)
Phone:	
Email:	
and/or By:	(Signature of Nominee, if involved in furnishing information)

Nominations will not be accepted without appropriate signatures.