

Jefferson Area Education Foundation
Jefferson Area Local Schools
Alumni Hall of Fame Award Nomination Form

Name of Nominee (including maiden name if applicable): _____

Year of Graduation from Jefferson: _____

Street Address: _____

City, State, & ZIP: _____

Phone: _(____)_____

Please write an explanation of why you believe this person is deserving of this award. Perhaps they have contributed significantly to their profession, their school, or their community. How are they a positive role model for present and future students. (If needed, you can write more on back of page.)

It would helpful to know the person making the nomination: (Can be anonymous if preferred)

Name of person making the nomination: _____

Address: _____

City, State, & ZIP: _____

Phone: ___(____)_____

Please mail form to: Alumni of the Year Nominations
c/o Pat Inman
JALS Board of Education
121 S. Poplar Street
Jefferson, Ohio 44047
or e-mail to plinman@embarqmail.com