



GIRARD SCHOOL DISTRICT FOUNDATION

enhancing educational experiences

HIVE OF FAME NOMINATION FORM

Deadline: December 1st

CATEGORY (check one): INDIVIDUAL POSTHUMOUS TEAM or ORGANIZATION

NAME OR SCHOOL ORGANIZATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ E-MAIL _____

MAIDEN NAME _____ YEAR OF GRADUATION _____

Indicate area(s) in which individual's achievements occurred: Athletics _____ Business & Professional _____

Education _____ Public Service _____ Science _____ the Arts _____ Other _____

Please attach the following items and submit with this nomination form:

INDIVIDUAL

- A detailed description (written or typed) of the individual's achievements for which the nomination is being made. Include as much factual documentation as possible, including dates, newspaper clippings, and/or articles from any publications.
- A resume which includes:
 - individual's accomplishments and honors earned while in high school
 - job-related exemplary achievement and/or noteworthy record
 - professional awards and honors, professional affiliations, social affiliations, and/or publications
 - personal accomplishments and honors earned post high school graduation
 - work in and impact on the community (local, state, and/or national level)
 - demonstrated leadership and is a positive role model
- Two pictures of the individual, one senior picture and one current picture. If the individual is selected to be honored, these pictures will be used in a program. All pictures will be returned. Scanned and emailed pictures will also be accepted.

TEAM OR SCHOOL ORGANIZATION

- A detailed description (written or typed) of the team or school organization's achievement for which the nomination is being made. Include accomplishment, year, advisor or coach, newspaper clippings, and/or articles from any publications.
- Picture of team or school organization. If selected to be honored, picture will be used in a program. All pictures will be returned. Scanned and emailed pictures will also be accepted.

The above information is greatly appreciated. Additional information you feel is relevant to the nomination can be attached to this form. You may be contacted later regarding other details. Thank you for submitting a nomination.

NAME OF NOMINATOR _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____ DATE SUBMITTED _____

MAIL, FAX, OR E-MAIL FORM TO:

GIRARD SCHOOL DISTRICT FOUNDATION, 1203 LAKE STREET, GIRARD, PA 16417

FAX (814)774-4220 /e-mail: michelle.doritty@girardsd.org