



## Hall of Fame Nomination Form

Please complete each section in detail. Nominations must be postmarked or received in the Lebanon City Schools' Superintendent's Office (160 Miller Rd., Lebanon, OH 45036) by the close of the school day (4:00 P.M.) Friday, February 28, 2025 to be considered for an award.

**Full name of nominee:**

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**Home address of nominee:**

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Phone number of nominee: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address of nominee: \_\_\_\_\_

### **Section one:**

How has the nominee been associated with the district? (Check all that apply and note position and building assignment)

\_\_\_\_ Active Community Member

\_\_\_\_ Non-teaching Staff

\_\_\_\_ Teaching Staff

\_\_\_\_ Administrative Staff

\_\_\_\_ Board Member

\_\_\_\_ Volunteer

How long did the nominee serve the Lebanon City School District?

\_\_\_\_\_Years

**Section two:**

Please note the nominee's top contributions/service to the district.

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Please note other service to the district (i.e., committee work, grant writing, volunteer time, extra-curricular, etc.)

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**Section three:**

Please note any professional organizations of the nominee.

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Please note any other community service (community organizations, church, volunteer, or other) of the nominee.

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**Section four:**

Please note why you believe the nominee deserves the Hall of Fame honor. **Please attach no more than one type-written page** and please be specific on what lasting contributions the nominee has given to the Lebanon City School District.

YOUR Full Name:

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YOUR Home Address:

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YOUR Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

YOUR Email Address: \_\_\_\_\_

What is your association with the person you have nominated (i.e., friend, relative, colleague, etc.) \_\_\_\_\_

**Date of nomination:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature:

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