



MHS Alumni

Hall of Fame



Nomination Procedure and Form

Nomination Procedure

Induction into the St. Marys Memorial Alumni Hall of Fame is one of the highest honors bestowed by our community and, as such, the nomination and selection procedure is thorough. Nominations may be submitted by anyone at any time.

Each submitter shall provide the nominee's name, street and email address, telephone number and MHS graduating class. (Nominees in the category of "Service to St. Marys City Schools" need not have attended MHS.)

If the nominee is deceased, please provide contact information for the nominee's closest surviving family member.

The submitter must sign and date the submittal, and provide his or her own complete contact information. Anonymously submitted nominations will not be considered. Nominations received electronically will be independently validated.

In addition, each nomination must include a statement listing the nominee's qualifications for induction into the Hall of Fame. This statement should be as detailed as possible, including information about the nominee such as positions held, honors received, statements that support the nominee's induction onto the Hall of Fame named, and anecdotal remarks explaining how the nominee affected the submitter and/or others. All additional attached documentation provided by the submitter will be considered by the Advisory Committee in making the selection.

Nominations received after deadline for consideration in the current year will be retained indefinitely for consideration in future years. Also, nominations for individuals who are not selected for induction in the current year will be retained on file for future consideration.

Nomination Form

The remainder of this document is a form approved for submitting nominees to the Alumni Foundation for consideration. It is not necessary to use this exact form, but all the information requested on the form *must* be included on any submittal in another format. No information provided will be shared with a third party.

Return the completed form to:

**St. Marys Memorial High School Alumni Foundation
c/o St. Marys Community Foundation
153 East Spring Street
St. Marys, Ohio 45885**

Submitter Information

Your Name: (First and Last)			
Your Street Address:			
Your City, State ZIP:			
Your Primary Phone Number: (Include Area Code)		Your Email Address:	
Your Signature:			Date of Submittal:
Endorsements: Please include names and contact information of three endorsers of this nomination. (Preferred but not required.)			
Names:			
Street Addresses:			
City, State ZIPs:			
Primary Phone Nos:			
Email Addresses:			

Nominee Information

Nominee Name: (First and Last)		Nominee MHS Graduating Class Year:	
<input type="checkbox"/> Check to nominate the above for: Academic / Professional Achievement A graduate of St. Marys Memorial High School who has distinguished him/herself for outstanding academic or professional achievement. Any person nominated for this hall of fame must be nominated at least four years post-graduation. <i>Nominee must demonstrate good character and be in good standing with the community.</i>	<input type="checkbox"/> Check to nominate the above for: Athletic Achievement A graduate of St. Marys Memorial High School who has distinguished him/herself for outstanding athletic endeavors while attending Memorial High School. Any person nominated for this hall of fame must be nominated at least four years post-grad. <i>Nominee must demonstrate good character and be in good standing with the community.</i>	<input type="checkbox"/> Check to nominate the above for: Service to St. Marys City Schools A person who has distinguished him/herself by superior service to the St. Marys City Schools in any capacity. A person nominated for this hall of fame need not have attended or graduated from the St. Marys City Schools. <i>Nominee must demonstrate good character and be in good standing with the community.</i>	
<input type="checkbox"/> Check if Nominee is surviving.		<input type="checkbox"/> Check if Nominee is deceased.	
If Nominee Deceased, Name of Nominee Relative: (First and Last)		Relative Relationship to Nominee:	
Nominee (or Relative) Street Address:			
Nominee (or Relative) City, State ZIP:			
Nominee (or Relative) Primary Phone Number: (Include Area Code)		Nominee (or Relative) Email Address:	

Nominating Statement:

Please be thorough; use the back of this page and/or attach pages as needed. If pages are attached, indicate the number of attached pages here: _____