

**Ridgewood Local School District**

**DISTINGUISHED WALL OF FAME**

**NOMINATION FORM**

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION

(N/A may be used if information is not applicable)

NAME OF NOMINEE: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ CLASS OF \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

PLEASE MARK THE CATEGORIES FOR WHICH THE NOMINEE IS BEING NOMINATED.

INDIVIDUAL \_\_\_\_\_ TEAM \_\_\_\_\_

ATHLETIC \_\_\_\_\_ EDUCATION \_\_\_\_\_ COMMUNITY \_\_\_\_\_

Please specify how the nominee has met the qualifications needed to be considered for Wall of Fame induction.

List any other pertinent information that would assist the Selection Committee in selecting the most deserving candidates for induction into the Ridgewood Distinguished Wall of Fame.

High School organizations, athletics, achievements, activities, honors:

College/University attended: \_\_\_\_\_ Class of \_\_\_\_\_  
(Degree(s), activities, honors)

Post Graduate College/University attended: \_\_\_\_\_ Class of \_\_\_\_\_

Present and past career occupations: (A career summary would be appreciated. List awards and/or honors.)

Community involvement/activities:

Please Note:

If the nominee is not selected, the application will be held on file for three years.

A nominee will not be considered for induction unless this information form is completely filled out.

Please provide an appropriate 5 x 7 picture of the nominee at the time of submitting this application.

Return this application to:           Ridgewood High School Principal  
  602 Johnson Street  
  West Lafayette, OH 43845

Deadline for submission is January 15, 2010

Induction will be at a later date...to be announced.

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**CERTIFICATION**

I hereby certify that the information furnished to the Wall of Fame Selection Committee in regard to the nominee is both accurate and true to the best of my knowledge.

SUBMITTED BY: \_\_\_\_\_  
(Signature of Nominator)

Home phone number: \_\_\_\_\_

And / Or by: \_\_\_\_\_  
(Signature of Nominee, if involved in furnishing any information)