

Carrollton Schools Alumni Foundation, Inc.  
**Outstanding Alumni Awards Program**

Information and Instruction for the Nominator

**I. The Awards**

- A. The Outstanding Alumni Awards shall be given to honor former students whose professional achievements and/or significant contributions to society, strength of character, and citizenship serve as models to inspire and challenge today's youth.
- B. The Awards will be presented at the annual banquet.

**II. Conditions of Eligibility**

- A. The Outstanding Alumni Award shall be open to any alumnus or alumna from the Carrollton Exempted Village School District who graduated at least 10 years prior to the nomination.
- B. Awards for alumni will be given for achievement in various fields of service which include, but are not limited to, the arts, athletics, business, community service, education, entertainment, health, industry, law, medicine, military, music, philanthropy, politics, public service, religion, scholarship, and science.
- C. Awards may be given posthumously.

**III. Nomination Procedure**

- A. Any person may submit nominations.
- B. Submittal of the completed Nomination Form provided by the Alumni Foundation is required. No other papers, pictures, or documents should be attached at this time. The back of the form may be used. Nomination forms should be returned to:

**Carrollton Schools Alumni Foundation, Inc.  
P.O. Box 609, Carrollton, Ohio 44615**

- C. Nominations must be received by **April 1<sup>st</sup>**.

**IV. Selection Procedure**

- A. The Alumni Foundation committee shall receive and review all nominations and select award designees. The committee may request further supportive documentation from a nominator.
- B. The Alumni Foundation committee reserves the right to reject any or all nominations.
- C. Individuals nominated for an award and not chosen shall be considered nominees for one (1) additional year.

Adopted January 2009

Carrollton Schools Alumni Foundation, Inc.  
P.O. Box 609  
Carrollton, Ohio 44615

**Outstanding Alumni Nomination Form**

**Nominee's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Spouse' Name: \_\_\_\_\_

Names of Children	Age	Names of Children	Age
_____		_____	
_____		_____	
_____		_____	

**(If the nominee is deceased, provide the nearest relative information below)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Education:**

Year graduated from high school \_\_\_\_\_ Years attending Carrollton District \_\_\_\_\_

Name of College/University:

1. \_\_\_\_\_ Degree \_\_\_\_\_
2. \_\_\_\_\_ Degree \_\_\_\_\_
3. \_\_\_\_\_ Degree \_\_\_\_\_
4. \_\_\_\_\_ Degree \_\_\_\_\_

List Awards, Honors, and Achievements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military Service:**

Years of Active Duty: \_\_\_\_\_ Rank: \_\_\_\_\_

Specialization: \_\_\_\_\_

List Honors, Awards, and Achievements: \_\_\_\_\_

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**Career Summary:** (List position, name of employer, and years of employment. This section may also be used for additional information for nominee's military career)

Position: \_\_\_\_\_ Years \_\_\_\_\_

Position: \_\_\_\_\_ Years \_\_\_\_\_

Position: \_\_\_\_\_ Years \_\_\_\_\_

Position: \_\_\_\_\_ Years \_\_\_\_\_

Position: \_\_\_\_\_ Years \_\_\_\_\_

List Awards, Honors, and Achievements: \_\_\_\_\_

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List Professional Activities and Years Involved: (Corporate directorships, teaching, consulting, professional affiliations)

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Noteworthy Special Work: (Research, inventions, publications, outstanding artistic or professional works)

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**Community Service:** (Youth activities, civic activities, religious organizations, philanthropy, fraternal or political activities)

List Community Service Activities: \_\_\_\_\_

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List Awards, Honors, and Achievements: \_\_\_\_\_

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**Please state why this individual should be considered for the Outstanding Alumni Award and inducted into the Hall of Fame:**

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**Nominator's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_