

Stow-Munroe Falls High School Distinguished Alumni Award

I would like to nominate the following individual(s):

Full Name: _____ (Maiden): _____

Class of: _____ Phone: _____

Address: _____

City, State, Zip: _____

Once candidates are nominated, their nominations remain active in subsequent years. Please check below the award(s) that you feel best describes your nominee's achievements:

Distinguished Alumni Award – To honor graduates of SMFHS (at least 15 years out) who have made a significant impact on their communities and professions in one or more of the following ways:

Academic Excellence Award – Graduates who have demonstrated a passion for learning and have achieved academic excellence.

Career Achievement Award – Graduates who have outstanding achievement in their professional field. Their achievements have brought distinctions to themselves and benefit to their community.

Dedicated Service Award – Graduates who have given extended, extraordinary service or philanthropy to SMFHS or have demonstrated a commitment to public service that has substantially benefited their community, state, region or beyond.

Heroism Award – Graduates who have prevailed over adversity or who have distinguished service in the armed forces.

Humanitarian Award – Graduates who have devoted their life to the welfare of all human beings.

Cultural Enrichment Award – Graduates who have contributed to the enhancement of cultural arts, music, theater, literature, film or media.

Honorary Distinguished Alumni Award – To honor those who are not SMFHS graduates who have had a lasting and profound effect on SMFHS, its students, and its community through their commitment to public education and their active involvement, leadership and support of the school.



Please provide greater detail below regarding why your nominee(s) is deserving of the award, specific details about their achievements, organizations and positions held and other individuals who may be contacted for additional information about the nominee:

Attach additional information or supporting materials if necessary.

Nominator's Name: _____ Phone: _____

Email: _____

Address: _____

City, State, Zip: _____

Please return this form to: Selection Committee/DAAR

Stow-Munroe Falls Board of Education
4350 Allen Rd.
Stow, Ohio 44224

Nominations must be received by April 1, 2017 to be eligible for induction in the following school year.

