



2019 MERIDEN HALL OF FAME NOMINATION FORM

I am nominating the following individual for consideration by the Nominating Committee for inclusion on the ballot for election into the Meriden Hall of Fame:

Name _____ (Maiden) _____

Current Address (if applicable) _____

Date and Place of Birth _____

Date and Place of Death (if applicable) _____

Nomination Category: (Place an X in one box only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Education | <input type="checkbox"/> Performing Arts |
| <input type="checkbox"/> Business/Commerce | <input type="checkbox"/> Law/Government/Military | <input type="checkbox"/> Science/Medicine |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Literature | <input type="checkbox"/> Sports <input type="checkbox"/> |
| <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Media | |

1. Provide **COMPLETE INFORMATION** on the nominee's education, business and/or professional experience, **AND THE APPROXIMATE DATES** during which this individual **LIVED OR WORKED** in Meriden. (Use additional sheets if necessary.)

2. Why should this individual be honored with induction into the Meriden Hall of Fame? Describe this individual's achievements in the **SPECIFIC CATEGORY** for which he/she is being nominated. (Use additional sheets if necessary.)

(Use additional sheets if necessary.)

3. To what degree is/was this nominee known at the state, national, and/or international levels? (Use additional sheets if necessary.)

4. Name of person submitting Nomination Form: Required

Name _____

Address _____

City _____ State _____ ZIP Code _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Email: _____

5. Name of another person who can be contacted for more information, if necessary. Required

Name _____

Day Phone _____ Evening Phone _____ Cell Phone _____

6. Attach to this form any documentation regarding the nominee's biographical and professional/volunteer achievements and experiences to support his/her consideration for induction into the Meriden Hall of Fame (e.g. newspaper clippings, resume, copies of other published materials, previous awards, etc.).

RETURN THIS COMPLETED FORM ALONG WITH SUPPORTING DOCUMENTATION TO:

Secretary, Meriden Hall of Fame Association, P.O. Box 1852, Meriden, CT 06450

Or electronically to meridenhalloffame@gmail.com

DEADLINE: All forms must be received by January 31, 2019.

Any form postmarked after that date will be held for the following year.

Signature _____ Date _____ Required

Meriden Hall of Fame Association

★ Established 1975 ★

www.meridenhalloffame.org