



## 2024 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.)

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**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](mailto:meridenhalloffame@gmail.com)

**DEADLINE: All forms must be received by December 31, 2023.**

**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](http://www.meridenhalloffame.org)