



2025 MERIDEN HALL OF FAME NOMINATION FORM

I nominate the following individual for consideration for the Meriden Hall of Fame's spring 2025 ballot:

Nominee's Name: _____ Maiden Name (if applicable): _____

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

Provide complete information for each of the following questions. Use additional pages, if necessary.

1. Nominee's Background: What are the nominee's **background, education, and business/professional experience**, and the approximate **dates during which he/she lived or worked** in Meriden.

2. Nominee's Achievements: Why should this individual be honored with induction into the Meriden Hall of Fame? Describe the nominee's **achievements in the category** in which he/she is being nominated.

3. Nominee's Renown: To what degree is/was this nominee **known at the state, national, and/or international levels**?

Attach any supporting documentation regarding the nominee's background and professional/volunteer achievements and experiences to support his/her consideration for the Meriden Hall of Fame ballot. Documentation can include newspaper clippings, resume, published materials, awards, etc.

Nominator's information (person submitting this Nomination Form):

Nominator's Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

Email: _____

Another person who can be contacted for more information, if necessary:

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

Email: _____

By signing below, I (the Nominator) attest the information in this form is accurate to the best of my knowledge.

Signature: _____ Date: _____

**SUBMIT THIS COMPLETED FORM AND SUPPORTING DOCUMENTATION
BY DECEMBER 31, 2024:**

Via mail: Secretary, Meriden Hall of Fame Association, P.O. Box 1852, Meriden, CT 06450
OR

Via email: info@MeridenHallofFame.org

Submissions postmarked/dated after December 31, 2024 will be considered the following year.

Meriden Hall of Fame Association, Inc. ★ Established 1975 ★ MeridenHallofFame.org