

Beloit Memorial High School • Alumni Services

1225 Fourth Street • Beloit, Wisconsin • 608-361-3025

Help Us Honor the Best Beloit Memorial High Alumni

The office of Alumni Services is accepting nominations for the Alumni Hall of Fame Award.

Nominations may come from alumni, administrators, faculty members, parents or friends of the Beloit Memorial High School. The nominee must be a graduate of BMHS.

To be considered for the current year, nominations must be received by the Office of Alumni Services no later than December 15, using the enclosed form. Please be as inclusive as you can. All nominations will be reviewed by the Nominations and Awards Committee which will recommend candidates for final selection.

Nominees not selected in a particular year will automatically be considered as a candidate in following years.

The Alumni Selection Committee reserves the right to not award in any given year should it consider that none of the candidates meet the standards.

The criteria for each award are as follows:

ALUMNI HALL OF FAME AWARD

- Must have graduated from Beloit Memorial High School.
- Be a member of a class that has been graduated for at least ten years.
- Must have distinguished him/herself in his/her chosen field or in another area of endeavor.
- Must reflect honor to BMHS through his/her personal or professional activities.
- Must show excellence in contribution of time, talents and the like to the benefit of their community (either local, state, or national in scope) such as through volunteer work or advancement of their profession.

Please fill the nomination form (reverse side as completely as possible).



BELOIT MEMORIAL HIGH SCHOOL **Alumni Award Nomination Form**

Alumni Hall of Fame

Name of Nominee			Graduation Class Year		
Cu	rrent Address				
City			State	Zip	
Telephone (work)		(home)	E-ma	nil	
Family contact person (name/address)					
1.	1. Why do you think this individual is deserving of the Beloit Memorial Alumni Award?*				
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2.	Community or service 1	ecognitions*:			
3.	3. Employment history (including name of company, location, position years)*				
4.	4. Post BMHS education (college, graduate school, degrees, etc.)*				
5.	Service to BMHS*:				
Name of NominatorDate of N		te of Nomination	Class Year		
Ad	ldress				
Telephone (work)					
Does the individual know that he/she is being nominated?					
Additional people we can call for information about the candidate. (please include telephone numbers)					

* Please attach additional sheets as necessary. Please include nominee's current resume or vitae, if available.