The Piqua City Schools Alumni of Distinction committee aims to recognize and honor individuals whom through their achievements, inspire present-day K-12 Piqua students to establish goals for their future. The Piqua City Schools Alumni of Distinction honorees should reinforce and enhance a positive image of the Piqua City Schools both inside and outside the district, as the committee strives to foster an increased sense of pride among students, faculty, staff, alumni, and residents of our community.

Please complete this form with information regarding your nomination. Completed forms can be mailed to the Superintendent or hand-delivered to: 215 Looney Rd, Piqua, Ohio 45356. The deadline for submissions is September 30th, 4:00 p.m. Any nominations received after this deadline will be considered the following year. Thank you.

1. I wish to nominate: ________________________________
   
   First Name    Last Name

2. Graduating Class (A period of ten (10) years must have elapsed between graduation and eligibility): __________________
   
   Graduation Year

3. Please describe below why you are nominating this individual (you may attach more information to this nomination form if necessary):

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4. Contact information for the individual you are nominating:

_____ My nomination posthumously honors an individual (therefore, there is no contact information for the individual).

If your nomination is posthumously honoring an individual, are there relatives that should be contacted?

_____ No  _____ Yes (if yes, please fill out the following information):

Family member’s name:  ________________________________________________________

Family member’s name:  First Name  Last Name

Family member’s Address:  _____________________________________________________

Family member’s Address:  ____________________________

Family member’s E-mail:  ____________________________________________________

Family member’s E-mail:  ____________________________

Family member’s phone:  _____________________________________________

Family member’s phone:  ____________________________

If your nomination is NOT honoring an individual posthumously, please fill out the following information:

Nominee’s name:  ________________________________________________________

Nominee’s name:  First Name  Last Name

Nominee’s Address:  _____________________________________________________

Nominee’s Address:  ____________________________

Nominee’s E-mail:  ____________________________________________________

Nominee’s E-mail:  ____________________________

Nominee’s phone:  _____________________________________________

Nominee’s phone:  ____________________________

Please share your contract information here:

Your name:  ________________________________________________________

Your name:  First Name  Last Name

Your Address:  _____________________________________________________

Your Address:  ____________________________

Your E-mail:  ____________________________________________________

Your E-mail:  ____________________________

Your phone:  _____________________________________________

Your phone:  ____________________________

Committee Use Only

Date this nomination form was received:  __________  Does candidate meet requirements?  ____ Yes  ____ No