Delphos City School District

Hall of Honor

Nomination Form

Name of Nominee _____
Contact # for Nominee _____

Did this person graduate from Delphos Jefferson? _____ When? _____
Did this person work at Delphos City Schools? _____ When? _____

Reason for your Nomination of this person to the Delphos City Schools Hall of Honor: (please be very detailed as to the reason you feel this nominee should be considered.)

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Use an attachment or the back of this sheet if needed.

Please provide your contact information so the Committee can contact you if they need additional information:
Name: _____ Email: _____
Address: _____
Phone: _____ Fax/other: _____

Please submit this form and any additional information to the Delphos City School District Hall of Honor Committee care of:

Delphos City Schools
901 Wildcat Lane
Delphos, OH 45833

Email: brostorfer@delphoscityschools.org
Phone: 419-692-2509
Fax: 419-692-2653