

University City High School HALL OF FAME

Many UCHS graduates have honored our high school by distinguishing themselves through career achievements and outstanding community service. We are soliciting nominations for inductees in all fields, including, but not limited to, business, science, medicine, research, athletics, literature and art. The induction ceremony takes place the Friday of homecoming weekend (usually in October) of odd-numbered years.

Please complete and return this form to University City High School, Attention: Hall of Fame Committee, 7401 Balson Ave., University City, MO 63130 by the last Friday in January of odd-numbered years for consideration. Additional information to support the nomination is greatly appreciated. For more information, please call 314/290-4101.

SCHOOL DISTRICT of UNIVERSITY CITY University City High School Hall of Fame Nomination Form

Name of Nominee: _____
(Last) (First) (Middle Initial)

If Applicable: Maiden Name: _____ Graduation Date: _____

Last Known or
Current Address: _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____

What other district schools did nominee attend: _____ Year(s) _____

Educational Background: _____

Positions: Current _____ Previous _____

Honors and Awards: _____

Major Achievements: _____

Membership/Office in Community/Public Service Organizations: _____

Hobbies and Special Interests: _____

Rules: *Nominee must have graduated from UCHS at least 10 years prior to nomination. Posthumous inductions are allowed.*

Additional Information: *Please attach additional information, news clippings, copies of certificates, etc. Attach any information that would assist the committee in determining the level of the nominee's contribution to the school or community.*

Please attach a photo of the nominee. *If a photo is not readily available, please provide information on how one might best be obtained. If you have any other personal memorabilia that would be available to use at the awards ceremony, please hold onto those items until contacted by a member of the Hall of Fame Committee.*

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We would like to know a little about you as well. Please complete the following information:

Your Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____ Relationship to the nominee: _____

Nomination to be considered for the 20____ (year) Hall of Fame Induction.