For Office Use: Liv	ing Deceased			I	Date Received
with Medical and Professions, and	d Significant Fac while at JMH, b	evements, Enter culty Members. \	tainment Profes We look for peo	ssionals, those ople who not or	g Athletes, those Excelling in their ally had major ac- neir field and are
 ♦ Excelled as ♦ Honored as ♦ Contributed society ♦ A person of ♦ Recognized 	rom JMH 10 years a student, athleter a distinguished last significantly through good character where the community of the com	e, staff or faculty eader in his/her pough their profe with strong integ ty as a positive i	while at JMH profession ssional or personity and high model for some	oral standards students	
NOMINEE'S First Name	Maiden Name	Last Name		Class Year	Faculty
Address		City	State	Zip	
Phone # H C		_	Email Address		
YOUR NAME					
Your Address			State	Zip	
Phone # H C			Email Address		
How long have you known the nominee?	If you are not a relative, where might a family member be contacted?				
Why do you belie Please include any selection committ News articles or v	ve the person you a	re nominating for to cial honors, contribute is needed, pleas to support the nom	the John Marshall outions or other made use a plain piec	Hall of Fame sho aterial that will be e of paper and att	e of assistance to the
			RETURN TO:	JMH Hall of Fa C/O Joyce Mu 8412 Sierra Ov	
			Questions:	Parma OH 4413 440-356-0249	30