



KENTON CITY SCHOOLS

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ALUMNI HALL OF FAME COMMITTEE MEMBER APPLICATION

TODAY'S DATE: _____

FIRST AND LAST NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

POSITION (PLEASE CHECK ALL THAT APPLY)

_____ CURRENT EMPLOYEE OF THE KENTON CITY SCHOOL DISTRICT

_____ ALUMNI

THE YEAR YOU GRADUATED FROM KENTON HIGH SCHOOL _____

TERM OF APPOINTMENT WILL BE THREE YEARS

How could you best contribute to the Hall of Fame Committee?

APPLICATION DEADLINE: October 1st

PLEASE RETURN THIS APPLICATION TO:

KENTON CITY SCHOOLS

ATTN: ALUMNI HALL OF FAME COMMITTEE

222 WEST CARROL STREET

KENTON, OHIO 43326