

**Nomination Form for:**

**The Coventry Alumni Achievement Award**

**Purpose**

The purpose of the program is to honor those alumni who have achieved success in their various endeavors. This in turn has contributed to the advancement and betterment of their fellowman, community and country. Also, it is our hope that the recognition from the Alumni Achievement Awards Program will help to motivate current students.

**Qualifications**

The nomination must:

1. Be a graduate of Coventry High School.
2. Have demonstrated evidence of leadership, courage and high moral standards.
3. Have demonstrated evidence of achievement since leaving high school.
4. Have been out of high school at least 10 years.

**Instruction**

Complete each selection in full and submit to the Office of the Superintendent, Coventry Local School District, 2910 S. Main St, Akron, OH 44319. Applications must be received prior to 12:00 midnight March 17<sup>th</sup>.

**Personal Data**

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Education**

A) Begin with High School, College (s), advanced degree (s) and/or special training.

	Name & Location of School	Dates From – To:	Degree
High School			
College			
Graduate School			
Other			

B) Honors and awards: \_\_\_\_\_

C) List extra curricular activities, offices held, special honors or awards received.

Activity/Special Honors	Position Held	Dates From – To:	School

**Employment**

Present occupation \_\_\_\_\_

List achievements/recognitions after High School

Achievement/Recognition	Position Held	Date(s)

**Essay**

Indicate why you believe this person should be selected for the Coventry Alumni Achievement Award. Please include specific responses to the following areas: 1) Leadership; 2) Character; 3) Moral standard; 4) Achievement (defined as a positive/lasting contribution to the betterment of their fellowman, community and country).

You may include additional pages or data to support your nomination.

Name of the person making nomination: \_\_\_\_\_

Please print

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_  
(Signature of person making nomination)

\_\_\_\_\_  
(Date)

Please return this nomination by March 17th, to:  
Coventry Local School District  
2910 S. Main St, Akron, OH 44319  
Attention: Superintendent's Office