



APPLICATION FOR THE KENTON CITY SCHOOLS ALUMNI HALL OF FAME COMMITTEE

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 TWO YEARS

PLEASE ANSWER THE QUESTION LISTED BELOW. YOU MAY ATTACH ADDITIONAL PAGES AND DOCUMENTATION IF NEEDED.

What is your vision for the Kenton City School Alumni Hall of Fame Committee? How will the work of this committee impact the future graduates of Kenton High School?

APPLICATION DEADLINE: November 6th
PLEASE RETURN THIS APPLICATION TO:
KENTON CITY SCHOOLS
ATTN: ALUMNI HALL OF FAME COMMITTEE
222 WEST CARROL ST.
KENTON, OHIO 43326