

Nomination Form



Cloverleaf Local School District Cloverleaf Pride Award

(Please complete the following information about the nominee)

Name of nominee	
Address	
City, State, Zip	
Phone (home)	
Phone (work/day)	
Email	
Employee or Community member?	

Why do you believe this person should be selected to receive the Cloverleaf Pride Award?

Please include the following: a) Number of years of service and support; b) Type of service to our schools; c) Academic involvement; d) Extracurricular involvement; e) Specific incidents, occasions, accomplishments etc. Either a bulleted list of reasons or paragraph is acceptable. Nominees must be 18 years of age.

Acknowledgement Information

Name of person completing nomination form	
Address	
City, State, Zip	
Phone (home)	
Phone (work/day)	
Email	
Signature / Date	

**Please return the nomination form by Friday, April 26, 2019 to:
Bart Randolph, Cloverleaf High School, 8525 Friendsville Rd., Lodi, Ohio 44254. Nominations may also be submitted by email to bart.randolph@cloverleaflocal.org**