

**Byron-Bergen Central School District  
Alumni Hall of Fame Nomination Form**



**Nominee Information:** Please provide the below information about the person you wish to recommend for the Byron-Bergen Alumni Hall of Fame.

Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work or Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Is Nominee:  living?  deceased?

Briefly describe those achievements, accomplishments or contributions that cause you to nominate the individual named above for Byron-Bergen Alumni Hall of Fame recognition. Please add additional pages, newspaper clippings, current resume, or other supporting evidence to assist the Selection Committee in their inductee selection process. Please include accomplishments in the following areas:

- *School Contributions/Activities while at Byron-Bergen Jr./Sr. High School*
- *Subsequent Contributions to Byron-Bergen Jr./Sr. High School*
- *Educational Achievements*
- *Job Related Achievements*
- *Professional Honors and Awards*
- *Professional Affiliations*
- *Community/Civic Involvement*
- *Other*

---

---

---

---

---

If possible, please list other people to serve as resources for Byron-Bergen staff to research additional Nominee information:

Name: \_\_\_\_\_ Daytime Phone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone #: (\_\_\_\_) \_\_\_\_\_

**Person Submitting Nomination:**

Name: \_\_\_\_\_ Daytime Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

**Please return this completed form by the annual nomination deadline (first Monday in April) to:**

Byron-Bergen Central School District  
District Office - Attn.: P. Gunio  
6917 West Bergen Road  
Bergen, NY 14416