

## Parkway Local Schools

### Academic Alumni Hall of Fame Application/Information Questionnaire

(Information on questionnaire is Confidential and will be kept on file for future years)

First Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Member School: \_\_\_\_\_

List advanced education or any additional training received since graduation from high school: \_\_\_\_\_

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#### Current Employment Information

Company Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

#### Other Work Experiences (list present to past)

Date: (mm/dd/yyyy)

Place of Employment/Position Held

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Briefly describe your career since completing your high school education:  
(please include a resume if available.)

How do you feel your high school experience helped you begin your career path?

List your personal and/or professional accomplishments, community involvement, and ways you have contributed to the promotion and/or advancement of your profession:  
(i.e. projects, mentoring, apprenticeships)

**References-List up to two references who can certify your work experience to date:**

Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

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Additional materials may be provided such as a current resume, evidence of additional education or training, letters of support, awards, etc.

Please submit completed application by the last day of November.