

# Kids With Character Nomination Form

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This form may be duplicated

## Nominated By:

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

## About the Nominated Student: (Picture of student must be included)

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone \_\_\_\_\_

## Character Pillar Exemplified: (Circle or specify other)

RESPONSIBILITY      TRUSTWORTHINESS      CARING      FAIRNESS  
RESPECT      CITIZENSHIP      OTHER \_\_\_\_\_

**On a separate sheet of paper, explain the specific act or actions that prompted you to nominate this student. Include any clubs or organizations, volunteer work, sports played or awards won. Please be very specific and give as much detail as possible.**

\* Parent/Guardian signature \_\_\_\_\_ Phone \_\_\_\_\_

\* Parent: by signing, you are giving the Akron Beacon Journal permission to publish your child's name and/or picture in print and on the NIE link on Ohio.com.

Second Adult Signature \_\_\_\_\_ Phone \_\_\_\_\_

Date this form was completed \_\_\_\_\_

Questions? Please call (330) 996-3165

**Please return completed form to:  
The Akron Beacon Journal/NIE, PO Box 640, Akron, OH 44309-0640  
Akron Children's Hospital in Partnership with  
the Akron Beacon Journal Newspaper in Education**