HALL OF FAME NOMINATION FORM

Wilson Area School District

Name of Nominee ____________________________________________________________

Date of Graduation ________________________________________________________

Category of Achievement – check appropriate items

_____ Academic  _____ Civic Service
_____ Athletic    _____ School and/or Community Citizenship
_____ Musical    _____ Personal Achievements of Note

Please describe the accomplishments/achievements which were made by the
nominated individual.

Outstanding Achievement in or at the High School

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________________________________________________________________________
Outstanding Service and/or Achievement of Note in the Community, Business, or Public Service

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Information About Person Submitting Nomination

NAME ________________________________________________________________

ADDRESS (current) ______________________________________________________

PHONE # ______________________________________________________________

Check Appropriate Items

_____ Graduate of WAHS          _____ Present District Employee
_____ Resident of District (current)  _____ Past District Employee
_____ Former Resident of District

Signature ______________________
Date ______________________

* use additional sheets if necessary