WARRIORS OF SERVICE NOMINATION FORM

Wilson Area School District

Name of Nominee _______________________________________________________________

Years of Service to School ______________________________________________________

Category of Achievement – check appropriate items

______ Academic  ________ Volunteer Work
______ Athletic
______ The Arts (music drama, etc.)

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

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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