## HALL OF FAME NOMINATION FORM

## **Wilson Area School District**

Name of Nominee  Date of Graduation		
Academic	Civic Service	
Athletic	School and/or Community Citizenship	
Musical	Personal Achievements of Note	
Please describe the accomplis nominated individual.	shments/achievements which were made by the	
Outstanding Achievement in o	or at the High School	

Public Service	ent of Note in the Community, Business, or
Information About Person Submitting N	lomination
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	

<sup>\*</sup> use additional sheets if necessary