

WALL OF FAME AWARD
Given for Outstanding School Community Service

NOMINATION FORM

Please feel free to attach additional sheets with supplementary information regarding why this nominee deserves recognition.

Nominee's Name: _____

Street Address: _____ City, State, Zip _____

E-mail Address _____ Telephone _____

Position and time frame of service with the Lafayette School Corporation (if known)

Outstanding Personal Qualifications: Describe the attributes or traits that have caused you to nominate this person.

Accomplishments: Provide specific examples of accomplishments, projects, relevant work experience, and impact on people and the community.

Community Activities: List organizations, service projects, or personal interests.

List as much information as you can. The Wall of Fame Committee will verify dates of service and other pertinent information.

Submitted by: _____

Address: _____

E-mail Address: _____

Telephone: _____

*****PLEASE KEEP YOUR NOMINATION CONFIDENTIAL*****

Mail or Deliver to: Wall of Fame Committee
Hiatt Administration Center
2300 Cason Street
Lafayette, IN 47904-2692

Telephone: (765) 771-6000
Fax: (765) 771-6049