

PHOENIXVILLE AREA SCHOOL DISTRICT
Phoenixville, Pennsylvania

WALL OF FAME NOMINATION FORM
[Nominations Accepted: Prior to March 1]

Instructions: Please provide the information requested below. In addition, a two-page, typed, double-spaced letter explaining fully why the nominee meets the criteria of the Wall of Fame Mission Statement **must accompany this form**. The Phoenixville Area School District Wall of Fame Committee will accept nominations for the Wall of Fame prior to March 1. **Only complete nomination forms with accompanying letter, submitted in accordance with the Wall of Fame Bylaws, will be accepted.** Nominations shall be sent to the Wall of Fame Committee, c/o Superintendent of Schools, Phoenixville Area School District, 1120 South Gay Street, P.O. Box 809, Phoenixville, PA 19460.

NOMINEE'S INFORMATION:

Nominee's Name: _____

Address: _____

Phone Number: _____ E-mail (if known): _____

Nomination Category:

- Personal Achievement Volunteer Service Employee Service Friend of the District

PASD Graduation Year (if applicable) _____

Name and Address of Employer (if applicable) _____

Experiences beyond Phoenixville Area High School—College, Graduation Year, Degree, Work Experiences, Volunteer Service etc. (if applicable)

Activities while associated with the Phoenixville Area School District (if applicable) _____

NOMINATOR'S INFORMATION:

Nominator's Name: _____

Address: _____

Phone Number: _____ E-mail: _____

INDIVIDUAL TO CONTACT FOR ADDITIONAL INFORMATION/VERIFICATION

Name: _____

Address: _____

Phone Number: _____ E-mail: _____

Nominator's Signature: _____ **Date:** _____