

Hoquiam School District
Policy 6970

Wall of Distinction Nomination Form (B)

I request that the Hoquiam School Board consider the following individual(s) for the Wall of Distinction:

Nominee:

Full Name: _____

Nominee's dates of service to
the Hoquiam School District: _____ (dates)

In what capacity did the nominee serve the Hoquiam School District?

In fifty words or less, in what way did the nominee make a "substantial and significant" contribution to the district?

List 2-3 other individuals we may contact who know firsthand the contributions of this nominee:

1.) _____ Contact #: Home: _____ Cell: _____

2.) _____ Contact #: Home: _____ Cell: _____

3.) _____ Contact #: Home: _____ Cell: _____

Nominator:

Full Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Contact Number: Home: _____ Cell: _____

Relationship to the nominee: _____

Date of submission to the Hoquiam School Board: _____