

## Símonds Hígh School

## WALL OF FAME



The information requested in this nomination form must be as complete as possible. The selection committee will research each application, so please b certain all facts are correct and complete. If the space provided is insufficient, use additional sheets and staple them to this form. Please attach the following items if possible: photo of the nominee, pertinent newspaper or magazine clippings, letters of support, other materials deemed important.

| Part A: Perso                | nal Information                  |         |                               |                    |  |  |
|------------------------------|----------------------------------|---------|-------------------------------|--------------------|--|--|
| Name of Nominee: Nickname: _ |                                  |         |                               |                    |  |  |
| Current Addre                | ess:                             |         |                               |                    |  |  |
|                              |                                  |         |                               |                    |  |  |
| Place of Birth:              |                                  |         | _ Date:                       | Deceased: YES / NO |  |  |
| Please state y               | ears and affiliation with Simono | ds:     |                               |                    |  |  |
|                              |                                  |         |                               |                    |  |  |
| Part B: Catego               | ory Information (please refer to | o enclo | sed criteria sheet to assist. | <u>l</u>           |  |  |
| Check one:                   | Academic                         |         |                               |                    |  |  |
|                              | Social                           | Social  |                               |                    |  |  |
|                              | Career                           | Career  |                               |                    |  |  |
|                              | Athletic: Play                   | er      | Builder Coach                 |                    |  |  |
|                              |                                  |         |                               |                    |  |  |
| Part C: Family               | · Information                    |         |                               |                    |  |  |
| Spouse's Nam                 | ne:                              |         | Deceased:                     | Yes / No           |  |  |
| Children:                    |                                  |         |                               |                    |  |  |
| Name:                        |                                  | Age:    | Residence:                    |                    |  |  |
|                              |                                  |         |                               |                    |  |  |
|                              |                                  |         |                               |                    |  |  |
|                              |                                  |         |                               |                    |  |  |
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| Awards Won: Provide such details as year received and lo | cation     |             |
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| Outstanding Performances: Provide details                |            |             |
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| Other information:                                       |            |             |
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| Name of Nominator:                                       | reiepnone: |             |
| Address:   |            |             |
| Date: Signature:   |            |             |

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