## HAMMONDSPORT CENTRAL SCHOOL

**Wall of Fame Committee** 

c/o Kyle Bower, Superintendent Hammondsport Central School Main Street Ext. Hammondsport, NY 14840 607-569-5200 ext 5240

## NOMINATION FORM

\*\* Please Type or Print All Information\*\*

Nominee's Name:		
Nominee's Occupation, Field of A	Achievement or Title:	
For What Achievement(s) is Nominee Best Known:		
	Nominee's Date of Death (if	
***********	*******************	
Nomination Submitted By:	(District Translation)	
	(Print or Type Name)	
Signature of Submitter:	Date:	
Title/Occupation of Submitter: _		
Affiliation/Association to Nomine	ee:	
(i.e. Friend, Colleague, Student, Employee, Re		
	ANGUE	
reiepnone Number: (DAY)	(NIGHT)	
Fmail Address:		

## FAMILY / BIOGRAPHICAL INFORMATION

Parents:
Marital Status:
Name of Spouse:
Number of Children:
Names of Children:
Residence:
Address:
Phone Number:
Occupation:

BIOGRAPHICAL INFORMATION: Please provide essential biographical information about the nominee. Essential biographical information includes: education/training, professional/work history, major accomplishments and/or contributions, honors, and awards received.

(Please Type or Print Information)		


All application materials need to be received by January  $31^{st}$  of each year in order to be considered for induction in that year.