



# Upper Merion Area School District Wall of Fame Nomination Form

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## Instructions

1. Fill in all information on the front of this form. Make sure to answer each question. Be specific and concise in your responses.
2. Obtain fifty signatures from district residents, employees or alumnis. The policy specifies that a minimum of ten of the signatures must be from district employees.
3. Return the completed and signed form to any member of the Wall of Fame Committee or to the District Office.
4. Remember, this is a nomination only. The nomination is considered and voted upon by the Wall of Fame Committee. The recommendation of the committee goes to the school board. The board of school directors makes the final decision regarding actual placement of an individual on a school or district Wall of Fame.
5. All nominations are due by June 1st.

Name of Nominee \_\_\_\_\_ (Circle one – Living / Deceased)

Name of Sponsor \_\_\_\_\_

Address of Sponsor \_\_\_\_\_

Sponsor Phone Number (\_\_\_\_) \_\_\_\_\_

Sponsor E-mail \_\_\_\_\_

Nominee is being nominated for the Wall of Fame at the:

\_\_\_\_\_ Building/Department Level (Indicate Name of Building/Department) \_\_\_\_\_

\_\_\_\_\_ District Level

The Board of School Directors reserves the right to recognize this person, if approved, at the level deemed most appropriate by the members of the Board.

Nominee's Association with District (employee, alumni, retiree, resident) including years and locations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Justification for nomination\*\* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(\*\* Board Policy indicates that the purpose of the WALL OF FAME is to “recognize unique achievements made by individuals that benefit the particular school” or “whose contribution benefits the School District as a whole rather than an individual school.” Regarding the nomination, the policy states: “the nomination of any individual must include a complete justification for the recognition recommended and emphasis must be placed on the uniqueness of the contribution of the particular individual in comparison to those similarly situated in regard to the school district.” )

Please print your name, then sign where indicated – Comments are welcome for the committee to read.

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Check those that apply: District Resident \_\_ District Employee \_\_ Alumni \_\_ Student \_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please print your name, then sign where indicated – Comments are welcome for the committee to read.

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Check those that apply: District Resident \_\_ District Employee \_\_ Alumni \_\_ Student \_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please print your name, then sign where indicated – Comments are welcome for the committee to read.

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Check those that apply: District Resident \_\_ District Employee \_\_ Alumni \_\_ Student \_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_