

Date Nomination Received: _____

Consideration Date: _____

Marion High School Hall of Distinction

NOMINATION FORM

Nominee: _____ Date of Graduation _____

Address: _____

Telephone Number: _____ Email address: _____

Reasons for nomination (attach additional pages if preferred):

Education

Professional/Work
accomplishments:

Philanthropy

Local, State,
National
awards/recognition

Publications

Community
Involvement

Other

Note: Nominees stay on the consideration list for a three-year period.

Nominator's Name: _____

Telephone Number: _____

Email address: _____

Must be submitted by: 5/09/18

Return completed nomination forms (and picture of nominee, if available) to:

Office of Superintendent
Marion Community Schools
750 W. 26th St.
Marion, IN 46953
Fax to 765-651-2043; or email to pgibson@marion.k12.in.us.

