

Arcadia School District Distinguished Alumnus Award Nomination Form

Name of Nominee _____

Arcadia High School graduation dates or dates of attendance in the Arcadia School system _____

Current Address of nominee _____
(Street)

(City) (State) (Zip) (Phone)

If deceased, name and address of the closest living relative...

Name _____

(City) (State) (Zip) (Phone)

Nomination submitted by _____
(Name)

(City) (State) (Zip)

Home Phone _____ Work Phone _____

Signed _____ Date _____

On a separate paper, please provide a biographical sketch of the nominee as to why you believe this alumnus should be considered for this honor. Please include information about:

- *The significant accomplishments this person attained in his or her professional life.*
- *The significant accomplishments and/or contributions this person has made to their community, state and/or nation, outside their professional life.*
- *Any other information you feel sets this person apart from others and would make them a "distinguished" alumnus.*

Please return to: Arcadia High School
756 Raider Drive
Arcadia, Wisconsin 54612
Attn: Superintendent of Schools