

Tripoli Community School District

Hall of Fame

Nomination Form

Completed form should be returned to the Office of the Superintendent, Tripoli Community Schools, 209 8th Ave SW, Tripoli, IA 50676

Nominator:.....

Home Address: _____ City _____ State _____

Zip _____ Phone: Work: _____ Home: _____

E-mail:

Hall of Fame Nominee:.....

year of graduation from TCSD: _____

Professional Field of Distinction

In what activities was the nominee involved while at TCSD? _____

Current Position:

Home Address: _____ City _____ State _____

Zip _____ Phone: Work: _____ Home: _____

E-mail:

Other person to contact for more information about nominee:

Name:

Home Address: _____ City _____ State _____

Zip _____

Phone: _____ Email: _____

1.) How has the nominee distinguished himself/herself in his/her field of endeavor?

2.) What outstanding contribution/work/service has the nominee preformed? Whenever possible, attach pertinent or available professional information.

3.) When did the nominee perform the service/work or make the contribution? Has the nominee been recognized for his/her achievements? When? How?