



LEBANON CITY SCHOOLS HALL OF FAME

(Revised 2/02)

1. Distinguished Service Awards

A. Statement of purpose - for distinguished and significant contributions to the students, faculty, staff, and/or programs of the Lebanon city School District for positively promoting public education within the Lebanon community.

B. May be granted annually to persons from any of the following categories.

1. Retired or former teaching staff members with a minimum of five years work experience with the district.
2. Retired or former non-teaching staff members with a minimum of five years work experience with the district.
3. Former board of education members with a minimum of one full term of Service (four years)
4. Active members of the community at large

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NOMINATION FORM
(PAGE ONE)

Please complete each section in detail. Nominations must be postmarked or received in Superintendent's Office by the close of the school day (4:00 pm) on April 3rd, 2017 this year to be considered for award that school year.

NAME OF NOMINEE _____

ADDRESS OF NOMINEE _____

NOMINEE PHONE # _____

SECTION ONE

HOW HAS THE NOMINEE BEEN ASSOCIATED WITH THE DISTRICT? (CHECK ALL THAT APPLY AND NOTE POSITION AND BUILDING ASSIGNMENT)

___ ACTIVE COMMUNITY MEMBER

___ NON -TEACHING STAFF _____

___ TEACHING STAFF _____

___ ADMINISTRATIVE STAFF _____

___ BOARD MEMBER

HOW LONG DID THE NOMINEE SERVE THE LEBANON CITY SCHOOL DISTRICT?

_____ YEARS

SECTION TWO - PLEASE NOTE THE NOMINEE'S TOP CONTRIBUTIONS/SERVICE TO THE DISTRICT.

PLEASE NOTE OTHER SERVICE TO THE DISTRICT (IE. COMMITTEE WORK, GRANT WRITING, VOLUNTEER TIME, EXTRA-CURRICULAR, ETC.)

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SECTION THREE

PLEASE NOTE ANY PROFESSIONAL ORGANIZATIONS/HONORS OF THE NOMINEE.

PLEASE NOTE ANY COMMUNITY SERVICE (ORGANIZATION, CHURCH, VOLUNTEER) OF THE NOMINEE.

SECTION FOUR

PLEASE NOTE WHY YOU FEEL THE NOMINEE DESERVES THIS HONOR PLEASE BE CONCISE (NO MORE THAN ONE PAGE TYPED) AND SPECIFIC ON WHAT LASTING CONTRIBUTIONS THE NOMINEE HAS GIVEN TO LEBANON CITY SCHOOLS.

NAME OF PERSON COMPLETING THIS FORM _____

ADDRESS OF PERSON COMPLETING THIS FORM _____

PHONE # _____

WHAT IS YOUR ASSOCIATION WITH THE PERSON YOU HAVE NOMINATED (IE. RELATIVE, FRIEND, COLLEAGUE, ETC.) _____

DATE OF NOMINATION _____

SIGNATURE OF PERSON _____