



DISTINGUISHED ALUMNI NOMINATION FORM

GRADUATION YEAR _____

DATE: _____

LAST NAME _____

MARRIED NAME _____

FIRST NAME _____

LIVING

DECEASED



NOMINATED BY _____ PHONE _____

EMAIL _____

HIGH SCHOOL

ACTIVITIES/AWARDS/ACCOLADES:

POST HS

PUBLIC SERVICE/CIVIC ORGANIZATIONS/AWARDS (please attach an additional page if necessary):

ACADEMIC/MILITARY ACHIEVEMENTS

PROFESSIONAL ACHIEVEMENTS/LEADERSHIP IN HIS/HER FIELD

Why does this person deserve to be nominated for a Distinguished Alumni Award?

Nominee Contact Information:

EMAIL ADDRESS _____ PHONE _____

ADDRESS _____

POSTHUMOUS CONTACT INFORMATION _____

Please return form to Rachiele Peters or email to cedarfoundation@lebanon.k12.pa.us