

School District of Solon Springs

Wall of Honor Nominee Form

Nominator

Name of Nominator _____

Relationship of Nominee _____

Address _____

City, State, Zip Code _____

Phone: Home _____ Cell _____

Nominee

Name of Nominee: _____

Is the Nominee deceased? ☐ Yes ☐ No If yes, please indicate Next of Kin

Nominee or Next of Kin:

Address: _____

City, State, Zip Code _____

Phone: Home _____ Cell _____

Relationship to the District:

☐ Alumni ☐ Employee ☐ Supporter ☐ Other _____

Reason for Nomination: (Contribution to one or more of the following categories)

☐ Professional ☐ Civic ☐ Entrepreneurial ☐ Athletic ☐ Scientific/Technological
☐ Entertainment/Arts ☐ Military/Governmental ☐ Other _____

Please write a description of the nominees accomplishments and attach it to this form, also please include copies of any Academic, Athletic, Awards, Honors, Metals of Valor or Honor, Accommodations, Achievements within one's Profession, or Occupational/ Trade success.

Nominations made be submitted via email (phopke@solonk12.net) or printed and mailed to:

Wall of Honor
C/O Peter Hopke
School District of Solon Springs
8993 E Baldwin Ave
Solon Springs, WI 54873

The Wall of Honor Committee would like to thank you for submitting the nomination form.

Deadline for submission: December 15