

**WHS Hall of Fame
Nomination Form**

All information on this form should be completed by March 22nd, 2019 and returned to:
Wakefield High School
Attn: Hall of Fame Committee
502 3rd St.
Wakefield, KS 67487

Name of Nominee _____

Alumni Year of Graduation _____ Number of Years Attended WHS _____

Staff Job Title _____ Number of Years of Service _____

Address _____
Street City State Zip

Phone (H) _____ Phone (W) _____

Email _____

If deceased, name of closest relative or acquaintance.

Name _____

Address _____
Street City State Zip

Phone(H) _____ Email _____

Nominated by _____

Address _____
Street City State Zip

Phone (H) _____ Phone (W) _____

Email _____

Please list two other references that would support this nomination.

Name _____

Phone (H) _____ Phone (W) _____

Name _____

Phone (H) _____ Phone (W) _____

Please answer the following three questions in presenting your nominee:

1. What are this nominee's occupational accomplishments and honors?
2. List nominee's leadership positions and community service.
3. Why should this person be recognized?