

Phone Number: _

Email Address: _

Wall of Distinction

Candidate Nomination Form

Nominees for this honor must have achieved a high-level of prominence in their personal and/or professional lives and have participated in extensive community service or volunteer activities.

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Candidate Information Please tell us about the person being nominated for consideration in as much detail as necessary for the committee to understand why they should be selected for the NSCSD Wall of Distinction. Please complete all fields and print information clearly.	
Name of candidate to be considered (Provide candidat	te's full birth and married name(s) if known)
Mailing address	Home phone
Email address	Business or cell phone
School of graduation (select one): North Syracuse	e 🗌 Cicero 🔲 Cicero-North Syracuse (CNS) 🔲 Other
Year of graduation (if known):	_
If GED or Other, please name the school and its location	on:
Other/additional education including college, BOCES,	technical/technological:
Employment history: (Please detail any aspects of wo	ork that might not be easily understood simply by a job title.)
Professional Awards/Honors: (If necessary, please atto	ach additional information to application.)
Community Service: (If necessary, please attach additi	ional information to application.)
Nominator Information	Submission Information
Name:	Mail this form and supplemental materials to:
Address:	Wall of Distinction - North Syracuse CSD Jerome F. Melvin Admin. Office
Phone Number:	5355 West Taft Road

North Syracuse, NY 13212

Email this form to: Webmaster@nscsd.org