

**ADDISON TRAIL HIGH SCHOOL
TRADITION OF EXCELLENCE AWARD
NOMINATION FORM**



Please type or print

Date: _____

Nominee: (maiden name, if applicable) _____

Address of nominee: _____

Year of graduation from Addison Trail High School: _____

Profession and/or position: _____

Reasons for nomination: (In this section, please describe achievements, public service, degrees, publications, etc. – you may use the back of this form for additional space.)

Name of nominator: _____

Address: _____

Phone number: _____

Length of time you have known the nominee: _____

Additional person to contact for more information about the nominee:

Name: _____

Address: _____

Phone number: _____