

**ARCADIA PUBLIC SCHOOLS
HUSKIE WALL OF FAME EMPLOYEE NOMINATION FORM**

Nominee's Name _____
Current Address _____

Has the nominee ceased employment in the district or feeder school for at least 5 years?
YES NO

Is the nominee: Living _____ Deceased _____

1. While employed with APS, what were her/his major job roles and/or responsibilities?

2. Describe the employee's contributions to the school district and/or the students.

3. In three sentences for possible use on a plaque with limited space, describe your nominee's contributions to Arcadia Public Schools.

4. Why do you feel your nominee's contributions will be remembered over the test of time?

Nomination made by _____
Relationship of you to the candidate _____
Your mailing address _____
Phone number: Home: _____ Work: _____ Cell: _____

If the person I am nominating is selected, I hereby agree to accept the financial costs arising from the Wall of Fame Plaque and Certificate presented to the nominee.

Signature

Date

Return the form, along with the \$10.00 Nomination Fee, by **January 6th of the upcoming year** to:

**HUSKIE WALL OF FAME SELECTION COMMITTEE
Arcadia Public Schools
PO Box 248, 320 W Owens St.
Arcadia, NE 68815
(Adopted March 28, 2011)**