



NEW HANOVER HIGH SCHOOL ALUMNI ORG. OUTSTANDING ALUMNI NOMINATION FORM

Nominee's Name _____ Nickname _____ Maiden _____

Year Graduated _____ Telephone _____

E-mail Address _____

Address _____

City _____ State _____ Zip Code _____

Living Alumni Award _____ (check one) or Memorial _____ Date deceased if known _____

Education beyond high school? Yes _____ if yes, please list below No _____

Occupation(s) _____

Please explain reasons for nominating the individual above. May attach separate sheets and photo.

Your Name _____ NHHS Grad Yes _____ Year _____ No _____

Your Address _____

City _____ State _____ Zip Code _____

Your Phone Number _____ Email Address _____

Date Submitted _____

Permission granted to place on nhhsalumni.org web site by (sign) _____

Photo attached _____ Sign above and print name _____

For Office Use Only:

Date approved _____ by _____