



Wall of Fame Nomination Form

Date: _____ Name of Nominating Individual: _____

Mailing Address: _____

Phone – Home: _____ Cell: _____ Email: _____

Nominee's Name: _____ Year Graduated: _____

Relationship to Nominator: _____

Nominee's Mailing Address: _____

Nominee's Phone – Home: _____ Cell: _____ Email: _____

Where did you hear about the Wall of Fame?: _____ Website _____ Facebook _____ Radio _____
Other – please specify: _____

Is this nominee deceased? Yes No

Is nominee aware of this nomination? Yes No

Requirements:

- ☒ On a separate sheet of paper, please provide specific details about the person that you are nominating for the Wall of Fame. Provide details about how he or she has made a lasting and outstanding contribution to Liberty in their life and career.
- ☒ Please include a 4" x 6" photograph of the nominee
- ☒ Please include a maximum of 5 letters of recommendation.

Return complete applications to:

Liberty Central School District Office Wall of Fame Committee, 115 Buckley Street, Liberty, NY 12754

The application will be acknowledged by a reply stating that the application materials were received, are complete and the files will be read. If you do not receive an acknowledgement please contact our Communications Specialist by phone at (845) 292-5400 ext. 2055.

***If an application does not contain all of the requirements,
the application materials will not be considered.***