***TIPPECANOE VALLEY DISTINGUISHED ALUMNI – CLASS OF 2020***

**NOMINATION FORM**

I would like to nominate (include maiden name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School (circle one): TVHS Akron Beaver Dam Burket Mentone Talma

Class of \_\_\_\_\_\_\_\_\_\_\_\_ Living \_\_\_\_\_ Deceased (Include year of passing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip Code

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 Home Phone Cell Phone E-mail Address

Explain in as much detail as possible why you are nominating this individual (continue on the back of this form if additional space is needed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe any unique circumstances or challenges the nominee has overcome in his/her lifetime (continue on the back of this form if additional space is needed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Complete Nomination Form and submit to: TIPPECANOE VALLEY DISTINGUISHED ALUMNI

 **Due by no later than May 1, 2020** TIPPECANOE VALLEY SCHOOL CORPORATION

 8343 SOUTH STATE ROAD 19

 AKRON, IN 46910

Nomination Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Class of Date

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 Home Phone Cell Phone E-mail Address

May the nominee be informed of your nomination? \_\_\_ Yes \_\_\_ No

Additional Comments in Support of Nomination:

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