

Deposit CSD Hall of Fame Nomination Form



Please note: Self-nominations will not be considered.

Nominee's Name	
Nominee's Address	
Nominee's Phone	
Year of Graduation (Nominee)	
Name when enrolled at DCS	
Sponsor's Name/Address/Phone	

Please describe the nominee and his/her accomplishments by answering the questions below. Feel free to attach additional information with your application. You will also need to list two references who would be willing to attest to the merits of the nominee.

Education/Training/Degrees:

Please outline the nominee's professional career:

Please list two references who can support this application and speak to the qualities of the nominee:

Name: _____

Relationship to Nominee: _____

Phone Number: _____

Name: _____

Relationship to Nominee: _____

Phone Number: _____

Nominations should be mailed to:
Lumberjack Leader Hall of Fame Committee
Deposit Central School District
c/o Superintendent's Office
171 Second Street
Deposit, NY 13754