

# ZEPHYR GRADUATE OF DISTINCTION NOMINATION FORM

## Whitehall-Coplay School District

### I. Nominee Information

Name of Nominee: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Category of Achievement (Check all that Apply):

\_\_\_\_\_ Academic Achievement

\_\_\_\_\_ Civic and/or Military Service

\_\_\_\_\_ Music

\_\_\_\_\_ Community Service

\_\_\_\_\_ The Arts

\_\_\_\_\_ Personal Achievement

**Please describe in detail the accomplishments/achievements of the above nominated individual. List all outstanding accomplishments, including any personal service and/or achievements of note to the community.**

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**II. Nominator Information**

**Name of Nominator:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Check all that Apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Graduate of WHS              | <input type="checkbox"/> Current District Employee |
| <input type="checkbox"/> Current Resident of District | <input type="checkbox"/> Former District Employee  |
| <input type="checkbox"/> Former Resident of District  |  |

**Signature of Nominator:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail to:**  
**Dr. Barbara Chomik**  
**Director of Curriculum and Instruction**  
**Whitehall-Coplay School District**  
**Administration Office**  
**2940 MacArthur Road**  
**Whitehall, PA 18052**