



Elizabethtown Independent Schools

*A Tradition of Excellence:
High Standards....Each Student...Every Day*

Tradition of Excellence Alumni Award

Nominee Application Form

Nominee Information

Date: _____

Name: _____

Graduating Class of _____

Posthumous: Yes _____ No _____ If yes, proceed to page two.

Home Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Current Employer: _____

Location: _____

Current Occupation: _____

Title: _____

Statement of Recommendation

Based on the Tradition of Excellence Alumni Award criteria and nomination guidelines, why do you feel the nominee deserves this recognition? You may consider including the following in your statement:

- How the nominee has made a difference in the lives of others
- Nominee’s professional achievements and service accomplishments

Please submit your written Statement of Recommendation, this Nominee Application form, and any documentation (Ex: resume) you may have available to support the nomination to the Elizabethtown Independent Schools Central Office.

Nominator Information

Name: _____

Home Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Application due by: June 30

**Submit to: Office of the Superintendent
219 Helm Street
Elizabethtown, KY 42701
Mrs. Margie Maples (270) 765-6146
margie.maples@etown.kyschools.us**