## **DISTINGUISHED ALUMNI AWARD**

The Trinity Area School District is accepting nominations for the Distinguished Alumni Award.

Presentation: High School Awards Assembly

Nomination Deadline Date: January 15 of Each Year

## **CRITERIA FOR CONSIDERATION**

A nominee must be an alumnus/alumna of the Trinity Area High School who graduated a minimum of fifteen (15) years prior to the date of the presentation.

Distinguished Alumni will be honored for outstanding contributions made in their chosen profession and include areas such as business, education, journalism, law, medicine, science, performing or visual arts, and public service. Characteristics given primary consideration are a record of academic achievement, as well as professional and/or business achievements and accomplishments, and community or civic consciousness.

|   |  | NOMINEE INFORM                 | ATION           |                  |             |
|---|--|--------------------------------|-----------------|------------------|-------------|
| Nominee's Name:(Last)   |  | (First)                        |                 | (Maiden)         |             |
| Nominee's Current Addr  | ess:Street   |                                | City            | State            | Zip         |
| Nominee's Former Addr   | ress:<br>Street  |                                | City            | State            | Zip         |
| Nominee's Current Telep   | ohone Number: <u>(</u>   |                                |                 | H                |             |
| Nominee's Profession/O  | Occupation:  |                                | 11              |                  |             |
| Nominee's Place of Emp  | byment:  |                                |                 | 125              |             |
| (Attach current photo, r  | 4  | NOMINEE ACHIEV                 |                 | to support the n | omination.) |
| Attachment #1: Except<br>Attachment #2: Outstar<br>Attachment #3: Commu | nding Contributions to   | o Profession PEL               | ool/College/Pos | stgraduate       |             |
| Nominee's Year of Gra   | duation:   | Name of No                     | ominator:       |                  |             |
| Address of Nominator  | :  |                                |                 |                  |             |
|   | Street   |                                | City            | State            | Zip         |
| Telephone Number of   | Nominator: ()  |                                |                 |                  |             |
| Please return to:   | Dr. Michael P. Lucas<br>Trinity Area School<br>231 Park Avenue, V<br>lucasm@trinitypride | l District<br>Washington, PA 1 | 5301            |                  |             |

