FLUSHING HIGH SCHOOL

DISTINGUISHED ALUMNI HALL OF FAME

APPLICATION/NOMINATION FORM

Name of Nominee _____

Current Address of Nominee _____

City, State, and Zip Code _____

Current Phone Number _____

Flushing High School Graduating Class of _____

Briefly describe why you feel this nominee is deserving of induction into the Flushing High School Distinguished Alumni Hall of Fame

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(Please use additional pages if needed.)

Name of Nominator _____

Current Address of Nominator _____

City, State, and Zip Code _____

Phone _____

Please submit to:

Flushing Community Schools
Office of Superintendent
522 N. McKinley Road
Flushing, MI 48433

Deadline for nominations is February 1st.