



SHERMAN

INDEPENDENT SCHOOL DISTRICT

2701 N. Loy Lake Road • Sherman, Texas 75090 • 903.891.6400 • www.shermanisd.net

Facility Naming Nomination Form

Please complete the portion of this form that relates to your nomination. Only one name is accepted per form submission.

Nomination submitted by: _____

Address: _____

Phone number: _____ Date of Nomination: _____

Email: _____

Nomination

Nominated Name: _____

Facility Recommended for Naming (*optional*):

Please complete the following section if you are nominating the name of a person.

1. When did the nominated person live in Sherman? _____

2. Did the person graduate from Sherman High or Fred Douglass? Yes No

If so, what year? _____

3. How many years did the person serve Sherman ISD as a staff member or volunteer?

_____ or N/A

4. How has the person made a significant contribution to Sherman ISD?

5. How has the person represented the virtues or characteristics of a role model to students, staff, and the community?

6. How has the person made a significant contribution to public education?

7. How has the person made a substantial contribution to their field of endeavor or to society in general?

8. How has the person exemplified scholarship, creativity, leadership, or humanitarian and public service?

Please complete the following section if you are nominating the name of a historic event, place, or geographic location.

1. What is the significance of the nominated name to Sherman ISD and the community?

2. How does the nominated name exemplify the values of Sherman ISD and the community?

Additional Requirements

- If you have nominated a person’s name, please include a written and signed release from the nominated person, or the most closely associated family representative to the nominated person (e.g., spouse, parent, children, or sibling).
- Please include contact information for the nominated person or the most closely associated family representative.
- Please include any and all research that supports the name that you have nominated for consideration, such as pictures or news clippings.

Optional

Additional letters of recommendation are welcome, but not required.

This form, along with all other relevant information, should be mailed or delivered to:

Sherman ISD
Attn: Administrative Assistant to the Superintendent
2701 N. Loy Lake Rd
Sherman, TX 75090

NOTE: Names may be submitted at any time, but consideration by the Board shall occur from January to March. Names submitted in an untimely manner may be considered in future years. Please refer to the Sherman ISD CW (Local) Policy for more information.

Acknowledgement

I acknowledge that I have reviewed CW (Local) Policy and I have submitted the facility naming nomination form with all required documentation.

Signature: _____ Date: _____

Please direct questions to Thomas O’Neal, Ed.D., at 903-891-6400.

Statement of Nondiscrimination: In its efforts to promote nondiscrimination, Sherman ISD does not discriminate on the basis of race, religion, color, nation origin, gender, sex, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended, Title IX of the Educational Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.