



LEHIGHTON EDUCATION & ATHLETIC
FOUNDATION

GRADUATES OF DISTINCTION WALL OF HONOR NOMINATION APPLICATION

Today's Date: _____

Name of Nominee: _____

Maiden name (if applicable): _____

Year of Graduation: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Occupation: _____

Accomplishments While at Lehigh Valley Area High School: _____

Accomplishments in Occupation: _____

Service to Community: _____

Contributions to Humanity: _____

Special Awards: _____

Resume of Additional Information to Support this Person's Nomination:

Personal Profile (married/single, children/ages, places lived, college, etc.)

Your Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Date: _____ Signature: _____

Send application to: Lehighon Education and Athletic Foundation
ATTN: Awards Selection Committee
P.O. Box 370
Lehighon, PA 18235

All applications must be postmarked on or before July 31 of the current year.