

Office of the Superintendent  
Medway Public Schools  
45 Holliston Street, Medway, MA 02053

**BURKE-MEMORIAL SCHOOL PLAQUE**

**2023 NOMINATION FORM**

*Please print:*

**Nominee:**

\_\_\_\_\_  
(Last) (First) (Middle)

**Current Address:**

\_\_\_\_\_  
(Street Address) (City/State/Zip)

**Nominee:**  Living  Deceased

If deceased, nearest living relative:

\_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Street Address) (City/State/Zip)

**Candidates for inclusion on the Memorial School plaque must have made a significant or memorable contribution to the town and/or school community. The nominee, through service, volunteerism or dedication must have made Medway school or town life better for those who follow.**

**Residents, past or present, which have sacrificed their lives or freedom in service to their country, either as members of the military or as civilians contributing to military or peace efforts may also be nominated.**

**Service to Town or School**

**Committee/Board/Other:** \_\_\_\_\_

Years Served: \_\_\_\_\_

Role(s): \_\_\_\_\_

**Committee/Board/Other:** \_\_\_\_\_

Years Served: \_\_\_\_\_

Role(s): \_\_\_\_\_

**Committee/Board/Other:** \_\_\_\_\_

Years Served: \_\_\_\_\_

Role(s): \_\_\_\_\_

**Committee/Board/Other:** \_\_\_\_\_

Years Served: \_\_\_\_\_

Role(s): \_\_\_\_\_

**Committee/Board/Other:** \_\_\_\_\_

Years Served: \_\_\_\_\_

Role(s): \_\_\_\_\_

**Volunteerism**

**Organization:** \_\_\_\_\_

Years Served: \_\_\_\_\_

Role(s): \_\_\_\_\_

**Organization:** \_\_\_\_\_

Years Served: \_\_\_\_\_

Role(s): \_\_\_\_\_

**Organization:** \_\_\_\_\_

Years Served: \_\_\_\_\_

Role(s): \_\_\_\_\_

**Organization:** \_\_\_\_\_

Years Served: \_\_\_\_\_

Role(s): \_\_\_\_\_

**Organization:** \_\_\_\_\_

Years Served: \_\_\_\_\_

Role(s): \_\_\_\_\_

**Military Service**

**Branch:** \_\_\_\_\_

Years Served: \_\_\_\_\_

War(s) Served In: \_\_\_\_\_

**Please note on the lines provided below the significant and/or memorable contribution to the town/school community:**

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**(If needed, please attach a separate sheet of paper or other attachments)**

**Name as it should appear on the plaque (including military title/rank if appropriate):**

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**Recommended by (your name):**

\_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Street Address) (City/State/Zip)

Relationship to nominee:  spouse  child  other: \_\_\_\_\_  
(specify)