



LATHROP SCHOOLS HALL OF FAME Official Nomination Form

Please complete the following:

Your name: _____

Phone: Home _____ Work _____ Cell _____

Address: _____

Email: _____

Nominee's name: _____

Nominee's Year of graduation from Lathrop R-II Schools _____

Nominee's address: _____

Nominee's email: _____

Nominee's Phone: (H) _____ (W) _____

(Cell) _____

Outline the nominee's accomplishments for the selection committee to review. Please include specific achievements, general accomplishments or recognition received :

Any supporting material such as newspaper articles, stories, etc. should be submitted along with nomination form. Please attach a separate page if needed.

Complete and send to: Lathrop Schools, 700 East St. Lathrop, MO 64465 Attn: Office of the Superintendent