

St. Charles West High School Hall of Fame

Teacher/Staff Nomination Form

(Nomination Forms must be received by August 1st)

Name of Teacher/Staff _____

Years of Service in SCSD _____

Academic contribution to SCW and or the SCSD _____

Ability to motivate and inspire school spirit _____

Dedication to students/staff/school community _____

Professional Accomplishments/Awards/Recognition _____

Lost life in service to country:

Military Branch _____

Years of Service _____

Date Deceased _____

Name of Nominator (Print)

Phone Number

Signature of Nominator