

Briarcliff High School Distinguished Alumni Award

Nomination Form

The completed nomination form should be submitted to the Briarcliff High School Principal by February 1, 2019 via an email attachment, (dfrench@briarcliffschools.org) or hard copy to Briarcliff High School, 444 Pleasantville Road, Briarcliff Manor, New York 10510.

Date: _____

Name of Nominee: _____ Year of Graduation: _____

Address: _____

City/State/Zip Code: _____

Telephone Number(s): _____

Email: _____

Nominator: _____

Relationship to Nominee: _____

Contact Information of Nominator: _____

Contact Information of Nominee: _____

Based on the Selection Criteria of the Award, please set forth the reason(s) for nominating this individual. (Attach additional pages if necessary)

Nominee's Education and degree(s):

Nominee's Professional Experience and accomplishments:

Additional information regarding nominee:

Signature of Nominator: _____

Date: _____