



CITY SCHOOL DISTRICT OF ALBANY HALL OF FAME
NOMINATION FORM

Name of Nominee: _____

Circle School Attended: Philip Schuyler High School Albany High School Class of: _____

Address of Nominee: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

City: _____ State: _____

Nomination Categories (More than one can be chosen)

I. Contributor _____

II. Distinguished Alumni:

Athletic Achievement: _____ Professional Achievement: _____ Humanitarian Achievement: _____

III. Distinguished Educator:

Administrator: _____ Coach: _____ Teacher: _____

Name and Relationship of Nominator: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Address: _____

City: _____ State: _____

Please attach your letter of recommendation. Make sure to include all outstanding accomplishments relevant to the appropriate nominating category. If available, a suitable photograph, preferably black and white, for reproduction should be submitted.

Please send nomination form to:

City School District of Albany Hall of Fame Committee

C/O Kathy Ryan

700 Washington Ave.

Albany, NY 12203

kathy.ryan@albany.k12.ny.us

