

CHIPPEWA FALLS AREA UNIFIED SCHOOL DISTRICT DISTINGUISHED ALUMNUS AWARD

The Chippewa Falls Area Unified School District is proud to announce the distinguished alumnus award. The Distinguished Alumni plaques honoring alumni of the Chippewa Falls Area Unified School District will be displayed at the Senior High School.

Purpose:

- To provide inspirational role models for students
- To provide recognition for past alumni
- To promote a legacy of community pride

Criteria:

- Have attended the Chippewa Falls Area Unified School District
- Have attended at least 20 years prior to induction (recommended)
- Have made significant contributions to their community and society through service or a distinguished career.
- Have demonstrated those qualities of character, citizenship, and service that forms the foundation of a democratic and humane society.

Nominations:

- Made in writing by any person familiar with the individual.
- Submitted no later than September 1
- Nominations will remain active for five years. After five years they can be resubmitted.

Selections:

- Made by the Distinguished Alumnus Award Committee members representing community alumni
- Selection will be made in the fall

Recognition Award:

- A picture plaque and description of accomplishments will be located on the west wall entrance to the Chi-Hi cafeteria
- Individual personal memento

Please include the following in your application packet:

- A typed or printed application.
- A biographical sketch of the nominee, including **civic** as well as **professional accomplishments**.
- An explanation as to why you believe this alumnus should be considered for this honor.

Please return the completed application packet to:

CFSD Administration Office
1130 Miles Street
Chippewa Falls, WI 54729
ATTN: Distinguished Alumni Committee

**APPLICATION FOR THE
CHIPPEWA FALLS AREA UNIFIED SCHOOL DISTRICT
DISTINGUISHED ALUMNUS AWARD**

Name of Nominee _____

Chippewa Falls Senior High School graduation date or dates of attendance in the Chippewa Falls Area Unified School District:

Current address of Nominee _____
street

city

state

zip

phone

If deceased, name & address of closest living relative

name

street

city

state

zip

phone

Nomination submitted by _____
name

Address _____
Street city state zip

Home Phone _____ Work Phone _____

Signed _____ Date _____