

Sesser-Valier

Distinguished Alumni Award

Name of Nominee: _____

Address _____

City/State/Zip _____

Contact Informaton: _____

SCHOOL(S) ATTENDED/GRADUATION INFORMATION

WORTHY ACCOMPLISHMENTS

COMMUNITY SERVICE ACTIVITIES

AWARDS/HONORS RECEIVED

PERSONAL RECOMMENDATIONS

ANY OTHER PERTINENT INFORMATION

SUBMITTED BY: _____

DATE SUBMITTED: _____

CONTACT INFORMATION: _____

Mail To: Attention: Vera
Sesser-Valier CUSD No. 196
4626 State Hwy 154
Sesser, IL 62884