FLUSHING HIGH SCHOOL
DISTINGUISHED ALUMNI
HALL OF FAME

APPLICATION/NOMINATION FORM

Name of Nominee ______________________________________________________________

Current Address of Nominee _____________________________________________________

City, State, and Zip Code _________________________________________________________

Current Phone Number __________________________________________________________

Flushing High School Graduating Class of _________________________________________

Briefly describe why you feel this nominee is deserving of induction into the Flushing High
School Distinguished Alumni Hall of Fame

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(Please use additional pages if needed.)

Name of Nominator _____________________________________________________________

Current Address of Nominator _____________________________________________________

City, State, and Zip Code _________________________________________________________

Phone ________________________________________________________________________

Please submit to:

Flushing Community Schools
Office of Superintendent
522 N. McKinley Road
Flushing, MI 48433

Deadline for nominations is February 1st.