

Office of the Superintendent
Medway Public Schools
45 Holliston Street, Medway, MA 02053

**BURKE-MEMORIAL SCHOOL PLAQUE
2016 NOMINATION FORM**

Please print:

Nominee:

(Last)

(First)

(Middle)

Current Address:

(Street Address)

(City/State/Zip)

Nominee:

Living

Deceased

If deceased, nearest living relative:

(Last)

(First)

(Middle)

(Street Address)

(City/State/Zip)

Candidates for inclusion on the Memorial School plaque must have made a significant or memorable contribution to the town and/or school community. Through their behavior and character, the candidate can be shown to be/have been an excellent role model. This person, through service, volunteerism or dedication has made Medway school or town life better for those who follow.

Residents, past or present, who have sacrificed their lives or freedom in service to their country, either as members of the military or as civilians contributing to military or peace efforts may also be nominated.

Service to Town or School

Committee/Board/Other: _____

Years Served: _____

Role(s): _____

Committee/Board/Other: _____

Years Served: _____

Role(s): _____

Committee/Board/Other: _____

Years Served: _____

Role(s): _____

Committee/Board/Other: _____

Years Served: _____

Role(s): _____

Committee/Board/Other: _____

Years Served: _____

Role(s): _____

Volunteerism

Organization: _____

Years Served: _____

Role(s): _____

Organization: _____

Years Served: _____

Role(s): _____

Organization: _____

Years Served: _____

Role(s): _____

Organization: _____

Years Served: _____

Role(s): _____

Organization: _____

Years Served: _____

Role(s): _____

Military Service

Branch: _____

Years Served: _____

War(s) Served In: _____

Please note on the lines provided below the significant and/or memorable contribution to the town/school community:

(If needed, please attach a separate sheet of paper or other attachments)

Name as it should appear on the plaque (including military title/rank if appropriate):

Recommended by (your name):

(Last) (First) (Middle)

(Street Address) (City/State/Zip)

Relationship to nominee: spouse child other: _____
(specify)