

For the website:

### **Burke-Memorial School Plaque Nominations**

Medway Public Schools is now accepting nominations for names to be placed on the Burke-Memorial School plaque. A nomination form can be found by clicking the link to the left or in the superintendent's office. Nominations must be submitted to the Office of the Superintendent, Medway Public Schools, 45 Holliston Street, Medway, MA 02053, not later than May 19, 2017.

Candidates for inclusion on the Burke-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.

The superintendent's office shall send a letter to the candidate(s) or their families to advise them that a nomination has been made.

The Medway School Committee will vote on the nominations in June.

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

**BURKE-MEMORIAL SCHOOL PLAQUE  
2017 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)

**Please note on the lines provided below the significant/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 plaque:**

\_\_\_\_\_

**Nominated by (your name):**

\_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Street Address) (City/State/Zip) (Phone Number)

Relationship to nominee:  spouse  child  other: \_\_\_\_\_  
(specify)