BOARD OF EDUCATION
SAN LEANDRO UNIFIED OUTSTANDING COMMUNITY LEADERS OF THE YEAR
NOMINATION FORM

DATE SUBMITTED _____ NOMINEE: · Dr. · Mr. · Mrs. · Ms.

Name _____ Number of years in profession: _____
LAST FIRST MIDDLE

Title/Position _____

Employer _____

Address _____

City _____ Zip/Postal Code _____ email _____

Telephone _____ Fax _____

NOMINATOR: · Dr. · Mr. · Mrs. · Ms.

Name _____ _____
LAST FIRST MIDDLE Title/Position

E-mail _____ Telephone _____ Fax _____

CITATION

CITE IN 25 WORDS OR LESS the highlights of the nominee's contributions, business/industry, or qualifications, for this specific honor. This information will be used on the certificate and award piece.

_____

_____

_____

_____

_____

_____