

LYNN CLASSICAL HIGH SCHOOL - HALL OF FAME

NOMINEE INFORMATION

Please Print

Date:

Name:

Maiden Name:

Home Phone:

Cell Phone:

Current address:

City:

State:

ZIP Code:

Email Address:

Fax:

CONTACT INFORMATION IF DIFFERENT THAN ABOVE

Name:

Address:

Home Phone:

City:

State:

ZIP Code:

Cell Phone:

E-mail:

Fax:

NOMINEE INFORMATION

Graduate of LCHS: Y N

If Yes, Year of Graduation:

Number of Years Affiliated with LCHS:

Occupation:

Employer:

High School Honors & Achievements:

Significant Career Accomplishments:

Meritorious Acts of Service: (Military, Community, etc.)

Other Career Highlights:

Additional Comments: (Please attach and include additional pertinent information here, such as articles, letters of commendation)

Nominator Name:

Home Phone:

Email:

Cell Phone:

Please return the completed application with any attachments by May 31, 2025, to:
Lynn Classical High School, Attn Josh Mower, 235 O'Callaghan Way, Lynn, MA 01905 or email to
mowerj@lynnnschools.org