



EL PASO  
INDEPENDENT  
SCHOOL DISTRICT

# SCHOOL NAME NOMINATION FORM

FACILITY TO BE NAMED:

Proposed Name \_\_\_\_\_

**Please Complete if Nominee is a Person:**

Nominee's full name \_\_\_\_\_

Nominee's birthplace (if known) \_\_\_\_\_

Nominee's educational experience \_\_\_\_\_

Nominee's military experience (if any) \_\_\_\_\_

Describe distinguishing characteristics/events/awards: \_\_\_\_\_

Reason for nomination: \_\_\_\_\_

Nominator's Name: \_\_\_\_\_

Nominator's address: \_\_\_\_\_

Nominator's phone: \_\_\_\_\_