



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: _____