



EL PASO  
INDEPENDENT  
SCHOOL DISTRICT

# SCHOOL NAME NOMINATION FORM

FACILITY TO BE NAMED: El Paso High School Track

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:**

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

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

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

**Deadline to submit:**

**Mail or Email to:**

El Paso High School  
800 E. Schuster Ave.  
El Paso, Texas 79902  
Email: srocha@episd.org OR

Secondary Schools Division  
1100 N. Stanton  
El Paso, TX 79902  
Email: jdmanago @episd.org