

WALT ANDERSON MEMORIAL NOMINATION FORM

The following questions must be completed in its entirety to be considered.
Every qualified nominee will receive consideration, regardless of number of nominations.

Student Nominee Name (first and Last): _____

Student's DHS Football Involvement (i.e. player, stats keeper, manager, etc): _____

Nominator (Your) Name: _____

Your Email:

Phone#

I am a: **9-R Administrator** **9-R Staff** **DHS Football Coach** **DHS Teacher** **DHS Student**

1. In what capacity and for how long have you known the nominee?

2. How does this student exemplify the attributes associated with this award?