LANCER OF THE MONTH NOMINATION FORM

Date:_____

Nominated Student's Name: _____

Nominated Student's Class: _____

Lancer Value Being Displayed: _____

Please explain why you feel this person is worthy of the Lancer of the Month award. Be specific regarding how this person has actively demonstrated this value through words/actions:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Your Signature: _____

Please Print Your Name: _____