



St P D W U L F N ¶ V B a l l a r a t O H Old Collegian § Association

Nomination for Legend Award

(Please read the Criteria and Procedure for Induction as an SPC Legend document and use as a guide when completing this form)

SECTION 1 - INDIVIDUAL MAKING NOMINATION

Full Name: _____ Years at SPC (if applicable): _____

Postal Address: _____ Postcode: _____

Contact Phone: _____ Mobile: _____

Email: _____ Relat

_____ Last Name: _____

Other Names known as: _____ Years at SPC: _____

Date of Birth (dd/mm/yyyy): _____ Date of Death (if applicable): _____

Home Town/City while at SPC: _____ :

Email: _____ OCA Member (Yes/No): _____

Selection Criteria Category that nomination satisfies (A, B, C or D): _____

A. Community Service & Leadership

B.

If further space is required, please attach additional pages.

Name of Individual Making Nomination (Print): _____

Signature: _____ **Date (dd/mm/yyyy):** _____

Please contact the SPC Development Office for any assistance in completing this form.

Phone: 03-5331 1688

Email: development@stpats.vic.edu.au

Submit Legend Nominations to:

Mr Paul Nolan

Director of Development & OCA Executive Officer