

3rd Annual Lynwood Alumni Awards

NOMINATION FORM

DATE:		
NOMINEE		
FIRST NAME:	_ LAST NAME:	
COMPANY/ORGANIZATION NAME:		
POSITION/TITLE:		
CELL PHONE:	EMAIL:	
LUSD HIGH SCHOOL GRADUATED FROM:		_YEAR:
AWARD CATEGORY:		
NOMINATOR		
FIRST NAME:	_ LAST NAME:	
COMPANY/ORGANIZATION NAME:		
POSITION/TITLE:		
CELL PHONE:	EMAIL:	
RELATIONSHIP TO NOMINEE:		
DEADLINE FOR SUBMISSION IS OCTOBER 21, 2	2025	

RETURN COMPLETED FORM TO: Lynwood Partners Educational Foundation

Subject: Lynwood Alumni Awards Committee

11321 Bullis Road, Suite 100

Lynwood, CA 90262