

**HINGHAM PUBLIC SCHOOLS**

**SCHOOL – COMMUNITY PARTNERSHIP PROGRAM**

**NOMINATION FORM**

**Name of Proposed Community Partner (Business or Civic Organization)**

**Contact Person:**

**Mailing Address of Contact:**

**Phone Number:**

**E-mail of Contact:**

**Rationale for Nomination: (3-5 sentences that describe nature of support)**

**Nominator** \_\_\_\_\_

**E-mail or Phone** \_\_\_\_\_