Flora High School

Application for Wall of Honor

Name:	Date:
Method of Contact:	
Relation to Service Member:	
Name to be Listed on the Wall:	
Graduation Year:	
Branch of Service:	
Status of Discharge:	
***Please note that only members with ar States armed forces will be placed on the	_
Moseley, Jan Bible, or Shari Hamilton at	
By signing this form, you verify all mater be verified through Veteran's Affairs.	ial is truthful and understand that it will
**Please return printed form to Flora High	h School
X	
Applicant for Wall of Honor	