

**WEST TECH ALUMNI ASSOCIATION, INC.
HALL OF FAME NOMINATION FORM**

Nominee's Name: _____

Last

First

M.I.

Address: _____

City State, Zip: _____

Name on West Tech Diploma: _____

Year of Graduation: _____ Major: _____

West Tech Activities: _____
_____West Tech Honors: _____

Undergrad Education: _____

College & Degree: _____

Occupation: _____

Employers: _____
_____Positions Held: _____
_____Military Service: _____
_____Lifetime Achievements: _____

Please use the other side of this form (or extra paper) for any additional information, such as community service, awards, achievements, etc., to support your nomination. You may submit articles, brochures, etc., pertaining to the candidate.

All nominations will be considered for a 3 year period of time, after which you will need to submit a new/revised nomination form. Thank you.

RETURN THIS FORM TO:

SHIRLEY KLUN, HOF CHAIR
14850 Greystone Drive
Brook Park, Ohio 44142
(216) 676-5422

Nomination submitted by: _____

Name

Telephone Number