

Deadline for submission:
March 31 of the current year

**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.

RETURN THIS FORM TO:

WTAA - HALL OF FAME NOMINATION

Post Office Box 110231

Cleveland, Ohio 44111-0231

Nomination submitted by: _____

Name

Telephone Number