

**Deadline for submission:
March 1st of the current year**

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

Nominee's Name: _____
Last First Middle Initial

Address: _____

City State, Zip: _____

Telephone/Cell Phone: _____

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:

**HALL OF FAME NOMINATION
ATTENTION: CHAIR OF HALL OF FAME
West Tech Alumni Association, Inc.
2201 West 93 Street, Room 2012
Cleveland, Ohio 44102**

Nomination submitted by: _____

Name

Telephone Number

Date

Email Address