

**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: West Tech Alumni Association, Inc.
HALL OF FAME NOMINATION
Attention: HOF Committee Chair
2201 West 93 Street, Room 2012
Cleveland, Ohio 44102

Nomination submitted by: _____
Name Telephone Number

_____ Date Email Address