

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

Nominee's Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_

City State, Zip: \_\_\_\_\_

Telephone/ Cell/ Email \_\_\_\_\_

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