**WEST CHESTER EAST HIGH SCHOOL**

**HALL OF FAME**

**NOMINATION FORM**

To submit a nomination please complete the following form and attach justification regarding the nominee. Please provide details to give members of the volunteer selection committee adequate information to consider the nominee for Hall of Fame status. Credentials of the nominee will be verified. If the information below is incomplete, or details are not attached, the nomination will not be considered.

|  |  |
| --- | --- |
| **Date of Nomination** |  |
| **Name of Nominator** |  |
| **Nominator’s Address** |  |
| **Nominator’s Phone Number** |  |
| **Nominator’s Email Address(es)** |  |
|  |  |
| **Name of Nominee** |  |
| **Year of Graduation** |  |
| **Nominee’s Address** |  |
| **Nominee’s Phone Number** |  |
| **Nominee’s Email Address(es)** |  |