

# **Wickliffe Community Hall of Fame**

## **Nominations Open**

### **October 1-January 15 (Yearly)**

I hereby nominate the following individual or organization as a candidate for the Wickliffe Community Hall of Fame. To qualify, the person needs to have been a resident or worked in a business in Wickliffe for over 10 years and has reached the age of 60. Please describe the personal achievements or outstanding service the individual has made as a contribution to Wickliffe in one or more of the categories listed below. The Hall of Fame Nominating Committee will determine the best qualified candidates for the ballot. Please select only one (1) category per nominee. Please fill out the Nomination Form completely.

I wish to nominate: \_\_\_\_\_

Person/Organization making nomination: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Please indicate the category or categories your candidate qualifies for:

- The Arts
- Business
- Civic
- Education
- Government
- Sports
- Medical/Health
- Heritage
- Military
- Religion
- Safety Forces
- Organization

(Businesspersons should have either lived, worked or owned a business in Wickliffe for 10 years).

Candidate's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

If the candidate is living out of state, or is deceased, please list who may be contacted:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Enclose a short biography of why nominated. If deceased, please list birth/death dates. Please send completed form and biographical information by January 15 of nomination year to: Candy Driscoll, 29371 Parkwood Dr., Wickliffe, OH 44092. For more info call Candy at 440-391-2102.