



East Liverpool

2016 *WALL OF FAME*
LIFETIME ACHIEVEMENT & FRIEND OF CAMPUS
NOMINATION FORM
Return by March 4, 2016

Nominee_____

Address_____

City_____ State_____ Zip Code_____

Phone (____)_____ E-mail_____

I am nominating this person for a: (check one or both, if appropriate)

- () **Lifetime Achievement Award (former student/alumni)**
- () **Friend of Kent State University at East Liverpool Award**

LIFETIME ACHIEVEMENT (former student/alumni)

- List the years the nominee attended Kent State East Liverpool_____
- Please indicate how this person's LIFETIME ACHIEVEMENTS in his/her chosen field warrant this award. In what ways does this person serve as a role model for others?

Attach separate sheet if needed.

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-OVER-

FRIEND OF KENT STATE UNIVERSITY AT EAST LIVERPOOL

- List the years the nominee has served Kent State East Liverpool _____
- Indicate the nature of this nominee's SERVICE to Kent State East Liverpool. In what ways has the campus community benefited from this person's contributions?

Attach separate sheet if needed.

Nominator: _____

Address: _____

City _____ State _____ Zip Code _____

Phone (____) _____ E-mail _____

Return by March 04, 2016

**TO: Wall of Fame Committee
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