



**EAST LIVERPOOL**

## **2018 WALL OF FAME**

### **LIFETIME ACHIEVEMENT and FRIEND OF CAMPUS NOMINATION FORM**

Nominee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

( ) **Lifetime Achievement Award (former student/alumni)**

( ) **Friend of Kent State University at East Liverpool Award**

#### **LIFETIME ACHIEVEMENT**

- 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.**

**-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 Feb. 28, 2018**

**TO: Wall of Fame Committee  
Dr. Sue Rossi  
Kent State University East Liverpool Campus  
400 E. Fourth St.  
East Liverpool, Ohio 43920  
Fax: 330-382-7562  
E-mail: srossi3@kent.edu**