

Brick Township High School
Wall of Fame
Nomination Form

Nominee Information:

Name

Year Graduated: _____ and/or Years Affiliated with BTHS _____

Address

Home Phone

If nominee is deceased, please provide the name and relationship of the relative to whom all correspondence should be sent:

Also, please provide address and phone number for this relative above.

Please attach your answers to the following questions, being as thorough as possible.

1. Explain how the nominee fulfills any of the four criteria (see [criteria page](#)). Provide as much information as possible of his/her accomplishments or service, including dates, job titles, specific achievements, complete descriptions, etc.

2. What special awards did the individual receive in relation to the information in #1?

3. Please provide any other pertinent information which would help us make our decision..

4. Please provide us with the names and contact numbers of several individuals who could verify the above information.

Candidate nominated by

Name _____

Address _____

Phone _____