

(DVWHUQ \$OXPQL \$ZDUG  
1RPLQDWLRQ )RUP

7KH SULYLOHJH RI PDNLQJ QRPLQDWLRQV IRU ~~DOXPQL~~ ~~SDOXPQL~~ ~~SDOXPQL~~ ~~SDOXPQL~~  
VWXGHQWV RI (DVWHUQ :9 &RPPXQLW\ 7HFKQLFDO &ROOHJH (:  
UHFHLYHG E\ 'HFHPEHU RI WKH FXUUHQW \HDU WR EH FRQVLGH  
ODUFK \$ZDUG UHFLSLHQWV DUH H[SHFWHG WR YLVLW (:9&7& WR  
VWXGHQWV DW WKH \$QQXDO \$ZDUG &HUHPRQ\ RU &RPPHQFHPHQW

7KH DZDUG PD\ EH PDGH WR DQ\ DOXPQXV RI (:9&7& ZKR KDV UHQ  
XVVKRXOG GHPRQVWUDWH FRO  
HGXFDWLRQ DV WKH VRXUFH RI LQVSLUDWLRQ DQG WUDLQLQJ DQ  
OLIH DQG ZRUN WR WKH FRPPXQLW\

3DUW \$

Name of Nominee:	Nominee's First and Last Name		
Address:	Enter Address		
City:	Enter City	State:	Enter

### 3 D U W %

Nomination Description.

Enter Short Description
-------------------------

### 3 D U W &

Please return this form for the nominee to [tonica.wilson@easternwv.edu](mailto:tonica.wilson@easternwv.edu) by December 15, 2016.

Your Name:	Enter your Name				
Address:	Enter your Address				
City:	YourCity	State:	Enteryour State	Zip Code:	Enteryour ZipCode
Email Address	Enteryour Email Address				
Phone Number:	Enteryour phone number		Class Year:	If applicable, yourgraduating class.	