**Essex Catholic High School Hall of Fame**

***NOMINATION FORM***

**Date:**

**Your name:**

Graduation Year from Essex Catholic:

Your email address:

Your mobile phone:

Your home phone:

Your work phone:

Your street address:

 City:

 State:

 ZIP Code:

**Nominee’s Name:**

Graduation Year from Essex Catholic (N/A if nominee is former faculty/coach):

Nominee’s email address:

Nominee’s mobile phone:

Nominee’s home phone:

Nominee’s work phone:

Nominee’s street address:

 City:

 State:

 ZIP Code:

Please state in 500 words or less why this individual should be inducted into the Essex Catholic High School Hall of Fame. Please provide as much detail as you can on the nominee’s accomplishments, not only at ECHS, but after graduation, professionally and personally.

**PLEASE NOTE THAT THE ANNUAL DEADLINE FOR SUBMITTING A NOMINATION FOR CONSIDERATION IS MAY 31, FOR INDUCTION AT THE ANNUAL ALUMNI DINNER IN NOVEMBER.**

Email the completed nomination to essexcatholichsfoundationcomms@gmail.com