

Sayreville War Memorial High School Hall of Fame Nomination Form

(Please type or print)

NAME OF CANDIDATE _____ YEAR OF SWMHS GRADUATION _____

CURRENT ADDRESS _____

PHONE NUMBER _____ Email _____

OCCUPATION OF CANDIDATE _____

Education or training beyond High School. List all colleges or trade schools with dates attended.

Highest Degree Earned: A.A. _____ B.S. _____ Ed.D. _____ MD _____
 J.D. _____ M.A. _____ Ph.D. _____ DDS _____
 B.A. _____ M.S. _____ Other: _____

Military Branch of Service: _____

Rank Held: _____ Discharge Date: _____

Major Accomplishments (use additional pages if necessary) _____

Honorary Awards, Citations, Organizations and Positions Held. (Use additional pages if necessary)

Biographical Sketch (use additional pages if necessary)

Name of Sponsor _____ Date _____

Address of Sponsor _____ Sponsor Phone #: _____

_____ Sponsor Email _____

Return Completed Form to: SWMHS Hall of Fame Committee
20 Holly Drive
Parlin, NJ 08859
