



## Sturzebecker Hall of Fame Nomination Form

**Name of Nominee:**

**Class Year:**

**Home address:**

**Phone number:**

**E-mail address:**

**Cell Number:**

**Summary of Achievements:**

**Summary of Career Experience:**

**Summary of Community Involvement:**

**Other outstanding achievements:**

**Nominated by:**

**Date:**

**Contact information:**

*Please attach supporting documents and submit nominations to: Dr. Donald Barr, College of Health Sciences,  
West Chester University, West Chester, PA 19383.*