



**Sturzebecker Hall of Fame  
Nomination Form**  
COLLEGE OF HEALTH SCIENCES

In order to meet the criteria for induction into the **Sturzebecker Hall of Fame**, the nominee:

- I. Has been recognized for their achievement and contribution in their chosen profession
- II. Has rendered unusual service to a particular segment of society, either through their vocation or as an avocation
- III. Has been recognized for their participation in volunteer or non-profit activity
- IV. Has influenced and/or mentored students or members of their profession throughout their career

Name of Nominee: \_\_\_\_\_

WCU Alumni Class: \_\_\_\_\_ Major: \_\_\_\_\_

Current profession: \_\_\_\_\_

Summary of achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Attach additional comments if necessary)*

Nominated by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Nomination forms should be submitted, **along with the nominee's current resume and letter of recommendation**, to:*

**Hall of Fame Nomination  
WCU College of Health Sciences  
855 S. New Street  
West Chester, PA 19383**