**LVTI Hall of Fame**

**Nomination Form and Achievement Questionnaire**

**Please attach a Resume to this form with details of each category that states the reason that category was selected. Send the form, resume and any backup information to;**

**Bart Conlon**

**133 Commonwealth Rd**

**Lynn, MA. 01904**

**781-599-6277**

Bartleyconlon133@comcast.net

**Nominations Close on March 15, 2025**

**Name of nominee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduated Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Member from Year \_\_\_\_\_\_\_\_\_\_ to Year \_\_\_\_\_\_\_\_\_\_\_**

**SELECTION IS BASED ON THE FOLLOWING CRITERIA. PLEASE CHECK ALL OF THE APPROPRIATE CATAGORIES THAT REPRESENTS THE CANDIDATES’ AREAS OF ACHIEVEMENT.**

**1 ( ) LVTI Academic Achievement 7 ( ) Nationally Recognized abilities or Skills**

**2 ( ) Other Academic Achievement 8 ( ) Humanitarian**

**3 ( ) Career Achievement 9 ( ) Contributions to Society**

**4 ( ) Military Achievement 10 ( ) Heroic acts or deeds**

**5 ( ) LVTI Athletic Achievement 11 ( ) Recipient of Significant Award or Achievement**

**6 ( ) Other Athletic Achievement 12 ( ) Other**