

Nomination Form

OCM BOCES Career and Technical Education Alumni Hall of Fame

Information about Candidate:

Name: _____ Phone #: _____

Address: _____

Current Occupation: _____

BOCES Program: _____ Year Graduated: _____ Henry Campus _____
McEvoy Campus _____

Please describe why you are nominating this individual to the Alumni Hall of Fame. How has this individual demonstrated leadership in his/her field and civic involvement? If you need more space for comments, please attach them to this document.

Your Name: _____ Phone: _____

Your Address: _____

Please return by deadline to:

CTE Director
OCM BOCES
6820 Thompson Road, P.O. Box 4754
Syracuse, New York 13221