

NOMINATION GUIDELINES

The West Catholic Wall of Fame (WOF) is organized as a means of recognizing athletes, athletic administrators, coaches and contributors. It is the mission of the West Catholic WOF Committee to promote our interscholastic programs, our athletes, administrators and coaches while preserving the heritage of West Catholic athletics. This recognition is the highest honor an individual can receive from West Catholic High School.

Five Categories for Nomination

- A. ATHLETE. Must have graduated from high school a minimum of 7 years prior to consideration.
 - Must have participated in athletics for West Catholic for a minimum of two years and graduated from West Catholic.
 - Must have exemplified the attitude and conduct that is a credit to West Catholic ideals, including character and conduct consistent with their status as a role model.
 - c. Must complete the Personal Bio Form if selected.
- B. ADMINISTRATOR After service to West Catholic High School.
 - All nominees shall be considered on the merits of contribution and achievement to interscholastic athletic administration for the West Catholic High School.
 - All nominees must have exhibited sustained superior performance throughout their career exemplifying the highest standards of ethical conduct, integrity, moral character, service, leadership and professionalism.
 - Must complete the Personal Bio Form if selected.
- C. COACH-Upon retiring from all coaching positions at West Catholic High School.
 - All nominees must have coached at least one varsity sport for a minimum of 5 years. The WOF

- Committee will give strong consideration to coaches exhibiting outstanding achievement as defined by career wins, league titles, sectional titles, etc.
- All nominees must have exhibited sustained superior performance throughout their career exemplifying the highest standards of ethical conduct, integrity, moral character, service, leadership and professionalism.
- Must complete the Personal Bio Form if selected.
- TEAM Year of recognition must have exceeded TEN years from the year of consideration.
 - The team must have achieved a State Championship or a distinct level of achievement to be considered.
 - All team members must have exhibited sustained superior performance throughout their career exemplifying the highest standards of ethical conduct, integrity, moral character, service, leadership and professionalism.
 - Must complete the Personal Bio Form if selected.
- E. CONTRIBUTOR- Eligibility of outstanding contributions to West Catholic Athletics will be the sole discretion of the WOF Committee.
 - All nominees shall have merited recognition and distinction while making significant, long term contributions to West Catholic Athletics.
 - All nominees must have exhibited sustained superior performance throughout their career exemplifying the highest standards of ethical conduct, integrity, moral character, service, leadership and professionalism.
 - c. Must complete the Personal Bio Form if selected.

All nominations must be submitted on the Nomination Form by the deadline provided. All Nomination Forms must be sent to:

Denny Krynicki Athletic Director WEST CATHOLIC HIGH SCHOOL 1801 Bristol Avenue NW Grand Rapids, MI 49504

Deadline: May 1.



Athletic Wall of Fame Nomination Form - INDIVIDUAL

Deadline for Submission: May 1

Nominee	Check One Box							
Category		Athlete		Administrator		Coach		Contributor
Nominator's Name							•	
Relationship to Nominee								
Address								
E-Mail Address								
Phone	Hom	ne ()			Cell ()		
Signature						Date: _	/	/
	Contact Information for your Nominee							
Name of Nominee								
Address								
E-Mail Address								
Phone	Hom	ne ()			Cell ()		
		If nominee is	dece	ased, please list	close	est living relat	ive o	contact
Name of Nominee								
Relationship to Nominee								
Address								
E-Mail Address								
Phone	Hom	ne ()			Cell ()		

In the space provided, describe supporting reasons for nominating this individual.					



Athletic Wall of Fame Nomination Form - TEAM

Deadline for Submission: May 1

Team		School Year:	(ie. 1974-1975)
Nominator's Name			
Relationship to Team			
Address			
E-Mail Address			
Phone	Home ()_	Cell ()
Signature			Date:/
Players' Names	Contact Info	ormation for team players (use revers	se side for additional players)
		Contact Information for o	coaches
Head Coach's Name			
Assistant Coach's Name			
Assistant Coach's Name			
Assistant Coach's Name			

In the space provided, describe supporting reasons for nominating this team	

For Office Use Only Date Received: ___/__/__