



AVIATION WALL OF FAME RECOGNITION APPLICATION

General Biographical Information

Applicant's Name _____ (Last, First, MI., Rank)

Applicant's Residence _____ (Street Address)

_____ (Town, State, Zip Code)

Applicant's Date of Birth _____

Applicant's Phone Number _____ (Work) _____ (Home)

Immediate Family Members (please list addresses & phone numbers)

* If applicant is deceased, then sponsor must fill out lines below

Sponsor's Name _____ (Last, First, MI., Rank)

Sponsor's Residence _____ (Street Address)

_____ (Town, State, Zip Code)

Sponsor's Phone Number _____ (Work) _____ (Home)

Professional Experiences

Military Affiliation (y/n) ____ Branch Army / Air Force / Navy / Marine

Years of Military Service ____ Final Rank/Grade _____

Civilian or Government Employment _____

Years of Service _____

Please describe the candidate’s professional work experiences, which have contributed to aviation.

Please list all honors and rewards relevant for consideration in this nomination package.

Please supply the following in addition to this application form:

- 1. One biography
- 2. One letter of recommendation
- 3. Copies of pertinent awards or citations
- 4. Information that promotes the nominee’s level of achievement; to facilitate a board decision
- 5. Photographs are optional, but appreciated

Point of Contact

Aviation Wall of Fame
Air Force ROTC, Virginia Tech
228 Military Building (0204)
Blacksburg, VA 24061-0204
540-231-6404