

Sayreville War Memorial High School Hall of Fame Nomination Form

Name of Candidate: _____ Year of SWMHS Graduation: _____

Current Address _____

Phone Number : _____ Email: _____

Occupation of Candidate: _____

Education or training beyond High School. List all colleges or trade schools with dates attended

Highest Degree Earned:	A.A. ☐	B.S. ☐	Ed.D. ☐	MD ☐
	J.D. ☐	M.A. ☐	Ph.D. ☐	DDS ☐
	B.A. ☐	M.S. ☐	Other: ☐	

Military Branch of Service: _____

Rank Held: _____ Discharge Date: _____

Major Accomplishments and Charitable and Altruistic Endeavors (use additional pages if necessary)

Honorary Awards, Citations, Organizations and Positions Held. (Use additional Pages if necessary.)

Biographical Sketch (use additional pages if necessary)

Name of Sponsor _____ Date: _____

Address of Sponsor: _____

Phone Number : _____ Email: _____

Return Completed form to:

SWMHS HALL OF FAME COMMITTEE
15 Cheyenne Drive Parlin, NJ 08859

****All nominations due by NOVEMBER 17, 2026****