

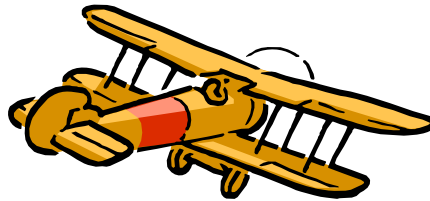


## ILLINOIS AVIATION HALL OF FAME

[www.ilavhalloffame.org](http://www.ilavhalloffame.org)

7745 Ponderosa Drive Springfield, Illinois 62707

Charley Rodriguez	President	618-534-1105	<a href="mailto:crod@siu.edu">crod@siu.edu</a>
Carol Para	V-President	217-785-4989 847-274-8115 cell	<a href="mailto:carol.para@illinois.gov">carol.para@illinois.gov</a>
Tom Cleveland	Secretary	815-748-8102	<a href="mailto:groverdkb1@comcast.net">groverdkb1@comcast.net</a>
John Eckley	Treasurer	309-530-2221	<a href="mailto:jdeckley@hotmail.com">jdeckley@hotmail.com</a>



### HONOREE CANDIDATE DATA

#### SPONSOR

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

#### CANDIDATE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

## HONOREE CANDIDATE DATA

**1. Personal information of Candidate:**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Pilot Certificate \_\_\_\_\_ Date \_\_\_\_\_

Other Ratings \_\_\_\_\_

Illinois Residency Dates \_\_\_\_\_ Cities \_\_\_\_\_

Family Contact ( If deceased ) Name \_\_\_\_\_

Relationship to Candidate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

2. Statement as to how candidate's achievements have contributed to the advancement of aviation in Illinois. Please list on separate page.
3. Primary employment activities. Please list on separate page.
4. Aviation activities beyond employment ( volunteer efforts ). Please list on separate page.
5. Recognition and Awards received ( Include copies ).
6. News articles of candidate ( include copies ).
7. Additional information or comments. Please list on separate page.
8. List two references familiar with the activities described.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

9. Candidate Certification: I hereby acknowledge I am willing to accept the nomination as candidate for the Illinois Aviation Hall of Fame. I certify this information is correct and may be used by the Illinois Aviation Selection Committee. All certification information will be verified.

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_