



**IOWA BETA ALPHA CHAPTER  
OF  
ALPHA TAU OMEGA FRATERNITY  
WALL OF FAME NOMINATION FORM**

**I hereby nominate the following individual for consideration for inclusion on the Iowa Beta Alpha Chapter Wall of Fame:**

**NAME:**

**INITIATION YEAR:**

**CURRENT ADDRESS:**

**CITY, STATE, ZIP**

**WORK TELEPHONE:**

**EMAIL:**

**HOME TELEPHONE:**

**EMPLOYMENT HISTORY:** Please list the nominee's present or most recent employment first. List any additional employment history that will assist the selection committee in their consideration of this nominee.

**EDUCATION HISTORY** – Please list any and all colleges and or universities attended and note appropriate degrees earned, including Simpson College.

**PARTICIPATION IN BETA ALPHA ACTIVITIES WHILE AN UNDERGRADUATE:**

**PARTICIPATION IN BETA ALPHA OR ALPHA TAU OMEGA FRATERNITY  
ACTIVITIES AS AN ALUMNUS:**

**PARTICIPATION IN SIMPSON COLLEGE ACTIVITIES WHILE AN  
UNDERGRADUATE:**

**PARTICIPATION IN SIMPSON COLLEGE VOLUNTEER ACTIVITIES AS AN  
ALUMNUS:**

**COMMUNITY ACTIVITIES:**

**PROFESSIONAL ACTIVITIES, HONORS AND AWARDS:**

**OTHER INFORMATION:**

**YOUR NAME:**

**ADDRESS:**

**PHONE NUMBER:**

**EMAIL ADDRESS:**

**ADDITIONAL PAGES OR CURRENT RESUMES MAY BE ATTACHED AS NEEDED**