Corvette Hall of Fame Recommendation Form

History
The Corvette Hall of Fame was created by the National Corvette Museum Board of Directors in 1998. The purpose of the award is to confer the highest honor and recognition upon the most influential individuals in the history of the Corvette. The award recognizes those people who have made significant contributions to their respective fields, each having reached the highest level of accomplishment. Persons nominated should also possess the highest standards of integrity and character to positively reflect and enhance the prestige of the Corvette and the National Corvette Museum.

The Selection Process and Induction
The first step in this process is the nomination. Nominations may be made annually through forms available at the National Corvette Museum or on the Museum website at www.corvettemuseum.org. Nominations for the 2023 Hall of Fame will be accepted from May 2, 2022 through August 5, 2022. Only NCM members may make nominations. Current Board members and NCM employees are not eligible to be nominated. Qualified nominations are good for a three-year period.

Please include the following:

1. Cover letter
2. Current biography or resume
3. Papers and/or articles by and/or about the nominee
4. Letters of recommendation
5. Recent photograph in color or in black and white
6. Other supporting materials
Meaningful letters of recommendation that describe, in detail, the nominee’s contributions to Corvette, Corvette’s history, racing and/or the hobby are a part of the consideration by the Hall of Fame Review Committee and the Museum’s Board of Directors. It is important to document the nominee’s achievements and how they impacted Corvette and the Corvette hobby.

All supporting materials for the nomination should be compiled and submitted at the same time to mailto:corvettehof@corvettemuseum.org. Nomination packets submitted becomes the property of the Museum’s Library and Archives.

I hereby nominate or endorse the nomination of:

Nominee’s Name_______________________________________________________

Home Address ________________________________________________________

City_________________________ State __________ Zip ______________________

Home Telephone_______________________________________________________

Email ________________________________________________________________

Business Name________________________________________________________

Business Title__________________________________________________________

Business Address_______________________________________________________

Business City________________________ State ____________Zip _____________

Business Phone________________________________________________________
Business Email

Principal Job Function

Years of Corvette Involvement

Organizations/Clubs to Which Nominee Belongs

If Nominee is deceased, please provide the name and address of a living relative that is aware of this nomination and is knowledgeable of the nominee.

If Nominee is deceased, please provide names and contact information of individuals who are aware of the nominees' contribution to Corvette and who will be willing to participate in the seminar about the nominee at the Museum’s Anniversary Celebration. Please attach a separate sheet listing names and information if you are aware of more than one person that may be helpful.
Complete the information below and attach a brief statement about you (nominator) and how you are acquainted with the nominee.

Nominator’s Name_____________________________________________________

Business______________________________________________________________

Title__________________________________________________________________

Business Address_______________________________________________________

City____________________________ State ___________ Zip __________________

Phone Numbers:  Home________________________Cell_____________________

Business______________________________________________________________

Email Address_________________________________________________________

Current NCM Member:  Yes or No

Signature_____________________________________________________________

**Person responsible for compiling nomination package if other than nominator:**
Preparer’s Name_______________________________________________________

Business________________________________________________________________

Title____________________________________________________________________

Business Address________________________________________________________

City ___________________________ State ____________ Zip ________________

Phone Numbers: Home_____________________Cell___________________________

Business______________________________________________________________

Email Address___________________________________________________________

Current NCM Member: Yes or No

Signature_______________________________________________________________