

Oneonta High School Wall of Distinction Nomination Form

YOUR INFORMATION

DATE \_\_\_\_\_

Name \_\_\_\_\_ Class Year if applicable \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

NOMINEE INFORMATION

Name \_\_\_\_\_ Class Year \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please provide as much detail as possible for your nomination. Feel free to attach newspaper articles, certificates or any additional documents. Make sure you keep the originals of any articles, certificates or documentation, as we cannot guarantee their return.

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Return completed form and attachments to:

Oneonta High School Alumni Association  
Attn: Ron Brazier OHS Alumni Wall of Distinction Chair  
22 Lonergan Ave  
Oneonta, NY 13820

Deadline for submitting nominations: All nominations must be received by January 31 for the initial year in which the application will be reviewed. Nominations received after this date will be reviewed the following year.