

OKLAHOMA HALL OF FAME

2019 Nomination Form

Please read the following requirements carefully in order for your nominee to be considered.

Nomination forms and supporting materials listed below may be submitted electronically, or hard copies mailed to the address below. For additional questions or assistance please contact Brenda Schwartz, Director of Honoree Relations at bbs@oklahomaHOF.com or 405.523.3209.

NOMINATIONS

Induction into the Oklahoma Hall of Fame is the highest honor any Oklahoman can receive from the state. Any individual or corporation may submit a nomination for consideration. Nominations are due by 5 pm, Friday, March 1, 2019. Each completed nomination is considered for three (3) years.

INSTRUCTIONS

- Please download the nomination form at OklahomaHOF.com.
- Nominations must be typed.
- No more than two (2) letters or recommendation will be permitted per nominee.
- Submit a digital, high resolution, color photo of the nominee.
- A vita or resume is recommended in support of the nomination. Please do not send additional books, videos, or photographs as they will not be considered.
- A 200-to 300- word narrative about the nominee MUST be attached. The narrative should include personal stories or examples of why you believe this person is deserving of the state's highest honor. Please use this opportunity to convey meaningful testimony as to the nominee's character, unique contributions to their community, or service to others. Please avoid including information already listed on the resume such as professional duties or dates of employment.

ELIGIBILITY

Nominees eligible for induction into the Oklahoma Hall of Fame must:

- be a resident or former resident of the State of Oklahoma.
- have performed outstanding service to humanity, the State of Oklahoma, or the United States.
- have brought honor or distinction to the State of Oklahoma through their efforts and contributions.



OKLAHOMA HALL *of* FAME

2019 Nomination Form

Name of Nominee: _____

Address of Residence: _____

City: _____ State: _____ Zip: _____

Best Phone Number to Reach Nominee if Selected: _____

Place of Birth: _____ Birthdate: _____

Spouse: _____

Children: _____

Individual Making Nomination: _____

Relation to Nominee (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number(s): _____

Email Address: _____

To your knowledge, has this person been previously nominated? YES or NO

