



Revised October 2019

OLEAN SCHOOL 6 FOUNDATION

Wall of Honor – Nomination Form

The Wall of ~~Y~~ is sponsored and managed by the Olean School Foundation (OSF ~~is~~). Through the Wall of ~~Y~~, the Foundation recognizes individuals whose lives, accomplishments and endeavors reflect the values and tradition of excellence fostered by the Olean City School District.

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Return completed form either electronically or by mail to:

Olean Schools Foundation
ocsdfoundation@gmail.com
410 West Sullivan Street
Olean, NY 14760



Olean City School District Wall of Honor Nomination Form



Nominee's Name: _____ **E-mail Address:** _____

Street Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: (____) _____ **Alternate Phone:** (____) _____

My nominee for the Wall of Honor is a:

Past Student of the Olean City School District

Past Administrator of the Olean City School District

Past Teacher of the Olean City School District

Past Board of Education Member of the OCSD

Past Support Staff of the OCSD

Special Friend of the OCSD

My nominee is eligible based on noteworthy achievements in the following category(ies). Please check one or more:

Educational

Professional/Personal

Community/Charitable

Other Personal Accomplishments/Achievements

In the space below, please provide a statement as to what motivated you to make this nomination:

Nominator's Name: _____ **E-mail Address:** _____

Street Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: (____) _____ **Alternate Phone:** (____) _____

Date Application Submitted: _____

Questions? Please contact the Foundation Board via email at ocsdfoundation@gmail.com.