



OXFORD ACADEMY & CENTRAL SCHOOL DISTRICT
HALL OF DISTINCTION
Nomination Form

About the Nominee:

Name: _____ Maiden Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Year of Graduation from OA: _____ Home Phone Number: _____

Email Address: _____ Work Phone Number: _____

Field of Endeavor/Career/Profession/Vocation: _____

Educational Background: _____

Reason(s) this OA individual meets the criteria for selection to the Hall of Distinction: _____

Please feel free to provide additional information, which may support the application's consideration. This information may include letters of reference, resume, newspaper clippings, etc. Please note that these supporting materials cannot be returned.

If nominating someone other than yourself, please provide the following:

Your Name: _____

Your Address: _____

Your City: _____

Your Email Address: _____ Your Phone Number: _____

Are you an OA Graduate? ____ Year: ____ Your Relationship to Nominee: _____

If nominating yourself, please provide contact information in the event we are unable to reach you.

Contact Name: _____

Your Email Address: _____ Your Phone Number: _____

Work Phone Number: _____ Your Relationship to Nominee: _____

Send completed Application Form to:

Oxford Academy and Central School District Office/Hall of Distinction Nomination Form
PO Box 192, Oxford, NY 13830

Application deadline is November 1st. If you have questions, please call the OA District Office at (607) 843-2025.