

Oakland-Craig School Foundation Hall of Fame Nomination Form

Name of Nominee:	Maiden:
Living: Deceased:	
Address of Nominee (Street, C	City, Zip Code_:
Email Address of Nominee:	Phone:
Graduation Year:	Name of High School:
Lifetime Recognition of S Summarize Professional Histor	Coaches/Athletic Staff, Other Athletic Support Staff Friends/Benefactors of Oakland-Craig School District Fine Arts, Academics, and Business Support for the Oakland-Craig School District ry:
	ons:
Summarize the individuals civi	ic and community involvement:

Please share the contributions your nominee has made to the school district or community and the reasoning for your nomination (attachments welcome).	
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Your Name:	Signature:
Address (Street, City, Zip Code)	
Phone Number:	Email Address:
Please send completed form to:	

Oakland-Craig Public Schools Foundation Attn: Superintendent 309 N Davis Ave Oakland, NE 68045