

OKLAHOMA HALL OF FAME

2018 Posthumous Nomination

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

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 must be received at the Gaylord-Pickens Museum, home of the Oklahoma Hall of Fame, no later than 5:00 p.m. on March 2, 2018.

INSTRUCTIONS

1. Please download the nomination form at OklahomaHOF.com or contact the Oklahoma Hall of Fame offices at 405.235.4458.
2. Nominations must be typed.
3. To be considered the Oklahoma Hall of Fame Nomination Form must be completed by the individual making the nomination.
4. No more than four (4) letters of recommendation will be permitted per nominee.
5. Enclose a high resolution, color photo of the nominee.
6. A vita or resume is recommended in support of the nomination. However, the Oklahoma Hall of Fame is unable to accept videos, books or additional pictures.

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.

BANQUET & INDUCTION CEREMONY

The 91st annual Oklahoma Hall of Fame Banquet & Induction Ceremony will be held November 15, 2018 in Tulsa.



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Regardless of the nominee's public profile, present all pertinent information as if the committee is completely unfamiliar with his or her accomplishments.

Name of Nominee: _____

Hometown: _____

Date of Birth: _____ Date of Death: _____

Individual Making Nomination: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Business Phone: _____

Email Address: _____

Please list any living relatives of nominee:

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

EDUCATION

Institution	Area of Study/Degree	Year Completed

MILITARY SERVICE

