



OKLAHOMA HALL *of* FAME

GAYLORD-PICKENS MUSEUM

NOMINATION FORM

2017 JOHN W. AND MARY D. NICHOLS SCHOLARSHIP

PERSON SUBMITTING NOMINATION:

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Relationship to Student	Email		

HOW DID THE STUDENT/NOMINATOR HEAR ABOUT THE SCHOLARSHIP:

REQUIRED SIGNATURES: SCHOOL REPRESENTATIVE & STUDENT

I have reviewed this application and the requested academic documents verifying the student's performance and involvement in school activities and believe the information to be correct:

School Representative Signature	Name (Printed)	Title
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