



Olean City School District Academic Wall of Fame Application

Applications accepted
through April 19, 2010
Questions? Please
call (716) 375-8018
or (716) 372-4433

The Board of Directors of the Olean City School District Foundation is now accepting nominations for the Academic Wall of Fame based on in-school or post-school contributions in several areas. Noteworthy accomplishments as a citizen will also be considered. There will be a ten year waiting period for student nominees. Faculty/staff (who may not necessarily be Olean graduates) will be considered anytime after retirement or leaving the Olean City School District community.

If you would like to nominate a person to be inducted into the Wall of Fame, please use the form below. Additional forms can be picked up at the Greater Olean Area Chamber of Commerce, 120 North Union Street, Olean. Nominations must be made to the committee by **April 19, 2010**.

Through the Academic Wall of Fame, we hope to recognize individuals whose lives, accomplishments and endeavors reflect the values and tradition of excellence fostered by the Olean City School District. If you have questions or need further information, please contact Maggie Perrigo (716) 372-4433 or by email maggie@oleanny.com.

Nominee's Name: _____ O.H.S. Graduation Year: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ Work Number: (____) _____
 E-mail Address: _____

Oh, Alma Mater, Fair and True
 Thy Honor We Acclaim;
 We Rally Round the Red & Gold
 To Laud Thy Noble Name.
 In Thee We Students Shall Renew
 Our Faith of Days Gone By, Across the Years We'll Live Anew
 Thy Spirit, Olean High.
 Dear Olean, Thy Loving Ways and Charms Will Ever Be,
 Those Memories of Golden Days, Those Friends and Hearts So Free.
 To Thee We Pledge Thy Honor Due, And Parting, Sound Thy Cheers.
 Our Thought of You, So Staunch, So True, Will Live Thru All The Years.
 Olean High School

Nominator's Name: _____ E-mail Address: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ Work Number: (____) _____

Nominee's Accomplishments

(Please supply applicable dates from year of graduation to present, including degrees, awards, etc.)



Educational: _____

Professional: _____

The Arts: _____

Community/Charitable Involvement: _____

Olean School District Contributions:*(If applicable)* _____

Please attach other pertinent information including biographies, resume, etc.
Nominations accepted until **April 19, 2010.**

Return Completed Form to:
Nomination Committee
Olean City School District Foundation
c/o Greater Olean Area Chamber of Commerce
120 North Union Street
Olean, NY 14760

