

# OAAE Hall of Fame, Inc.

Oklahoma African American Educators Hall of Fame, Inc.  
110126 North 3830 Road Clearview, Oklahoma 74880 918 698-6037  
OAAE Hall of Fame, Inc. Website: www.oaaehof.org email: annnero@aol.com

## 2018 Inductee Hall of Fame Nomination Form

### ***ELIGIBILITY:***

Nominees to the Oklahoma African American Educators Hall of Fame, Inc.:

- Must reside or have resided in Oklahoma during his/her career in education.
- Must have worked as an administrator or teacher in the State of Oklahoma at the elementary, middle, secondary, or college level; or may have worked in the capacity as support personnel for a minimum of five (5) years.
- Must have contributed to and influenced the education and lives of the students.
- Must have been distinguished professionally in the field of education.
- Must have been a community worker and/or leader

### **Check one:**

- Nomination**  
 **Posthumously Nomination**

***In order to be considered as a nominee, please follow requirements carefully.***

### ***NOMINATIONS:***

Nominations for consideration shall be submitted to the **Oklahoma African American Educators Hall of Fame, Inc. Nomination Committee, 110126 North 3830 Road, Clearview, Oklahoma 74880**. Nominations must be **postmarked no later than June 11, 2018**.

Nominees may be living or deceased. This can be a self-nomination or solicited nomination.

### **INDUCTION CEREMONY:**

This is the Eighth Annual Oklahoma African American Educators Hall of Fame, Inc. Induction Ceremony. It is scheduled for Friday evening, **September 28, 2018** at the Oklahoma History Center in Oklahoma City, Oklahoma.

## **INSTRUCTIONS:**

1. Type the nomination form.
2. Attach a vita or resume in support of the nomination:
  - a) Educational instructions and years completed
  - b) Professional Affiliations/Professional Experiences
  - c) Community involvement
  - d) Honors/Awards/Special Recognitions
3. Submit a biographical sketch of the nominee's early life leading up to his or her educational career.
  - a) Family Information
  - b) Contributions made in educating students in Oklahoma
  - c) Detail the major points of the nominee's career to support the nomination for induction into the OAAE Hall of Fame, Inc. List the nominee's education, honors/awards, special recognitions, leadership positions, professional experience, and professional affiliations.
  - d) Submit one **professional 8x10 black and white photo** of the nominee. Photos will not be returned.
4. Submit one (1) letter of nomination and two (2) letters of recommendations.
5. *In addition, if selected, inductee or representative will be required to complete a 45 minute video interview during the month of August, 2018.*

### ***Check List (make sure you have included)***

- ✓ Required items in packet (**nomination form, vita or resume, bio**)
- ✓ **One** nomination letter and **two** reference letters,
- ✓ **One** photo
- ✓ Evidence that this nominee **has exemplified** him/herself as a **role model** to students, colleagues, parents, and community leaders.
- ✓ Evidence that this nominee has **demonstrated a passion for education** and student success.
- ✓ Evident that this nominee has **demonstrated the pursuit of knowledge** through the obtaining of additional hours, certificates, or degrees.
- ✓ Evidence of **professional and community involvement**.
- ✓ Evidence of **awards or special recognition**.

## Nomination Form

Date: \_\_\_\_\_

**Check One:**

Nomination

Posthumous Nomination

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death (if Posthumous) \_\_\_\_\_

Place of Birth \_\_\_\_\_

Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Years in Education \_\_\_\_\_

Position/s \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list two living relatives of nominee (if Posthumous)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Contact information of person making nomination:**

Name of Person Making Nomination: \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_