



***"Hail to thee Oneida  
May success thy banners claim"***

**Wall of Distinction Candidate Nomination Form**

**Purpose:** To celebrate graduates who have made an outstanding contribution in their field and/or to recognize retirees and others who have served the Oneida City School District with distinction. To inspire future students to strive toward future successes and accomplishments.

**Selection Criteria:** Nominees eligible for selection to the Wall of Distinction will have exemplified the tenets of the OCSD educational philosophy throughout their lives. Alumni must have graduated from Oneida High School ten years prior to their nomination. Employees of the OCSD must be retired five years prior to their nomination. If they are an alumni and employee of the OCSD, they must satisfy the conditions of retirement as well before they can be nominated. Nominees must meet one or more of the following criteria:

**Outstanding, enduring contribution to society by making a difference in the lives of others. Outstanding professional contributions or achievements in his/her chosen field or endeavor. Demonstrated commitment to and involvement in the school and community at an exceptional level.**

I nominate the following: (PLEASE TYPE OR PRINT) If nominee is deceased please provide a family members contact information

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Graduation Year from OHS: \_\_\_\_\_ Retirement Year: \_\_\_\_\_ Other: \_\_\_\_\_

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

Phone(day): \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

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

On a separate attached typed sheet, please include specific information pertaining to the nominee's occupation, community service, awards, honors, accomplishments, and any other pertinent information to aid in their selection. **Nomination does not assure selection for recognition on the WOD. Nominators and candidates will receive letters of acceptance only.**

Nomination submitted by:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**NOMINATIONS MUST BE POSTMARKED NO LATER THAN APRIL 24, 2026. APPLICATIONS POSTMARKED AFTER THE 24<sup>TH</sup> WILL NOT BE CONSIDERED. PLEASE PRINT COMPLETED FORM AND RETURN TO:**

**Oneida CSD Foundation  
Wall of Distinction Chairperson (Lori Cimpi)  
304 Sayles Street  
Oneida NY 13421**