



## OSCPA Nomination Form

### Outstanding Accounting Student Award

Nominee's Name(s): \_\_\_\_\_

College/University: \_\_\_\_\_

#### School Contact for the Nomination(s)

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

Title: \_\_\_\_\_

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

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

#### Where to Mail the Award(s)

To the attention of: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

#### Awards Ceremony/Presentation

Date of awards ceremony: \_\_\_\_\_

Would you like an OSCP representative to present the award and/or give a speech at the ceremony?  
If so, please be sure to provide the location of the ceremony.

RETURN TO:  
Membership at OSCP  
405-841-3800  
Fax: 405-841-3801  
membership@oscpa.com

***Return your nominations no later than April 1.***