

RECIPIENT FORM
OAC CLYDE LAMB AWARDS

Please return to:
Tim Gleason
Ohio Athletic Conference
P.O. Box 400
Twinsburg, OH 44087
By: Monday, April 7, 2003

**Please email or send five color photos,
including one head shot, plus transcripts.**

I. GENERAL

Recipient _____
(Exactly as the name should appear on plaque and in program) _____ Date of Birth _____

Institution _____ Male Female

Student College Address _____
_____ Phone: _____

Home Address _____
_____ Phone: _____

II. ACADEMICS

Degree Program _____

Major (s) _____ Minor (s) _____

Hours Required _____ Hours Completed _____ Current GPA _____
(Please attach transcript.)

Academic Awards _____

III. VARSITY SPORTS

Sport _____ Position/Event _____ Varsity Letters _____

Sport _____ Position/Event _____ Varsity Letters _____

Sport _____ Position/Event _____ Varsity Letters _____

Please list team awards, statistics, school/conference/national records and honors.

(additional space on next page)

