

**NOMINATION FOR THE WILLIAM S. KRAMER AWARD OF EXCELLENCE**  
Supreme Chapter of Omicron Kappa Upsilon

FROM:

\_\_\_\_\_  
(School name as it should appear on the certificate)

\_\_\_\_\_  
(Chapter Secretary – to whom certificate is mailed)

\_\_\_\_\_  
(Street address of school) (Please do not use a post office box)

\_\_\_\_\_  
(City, State and Zip Code)

NOMINATED AWARDEE: \_\_\_\_\_  
(Name as it should appear on certificate)

Date of presentation of Award by Component Chapter \_\_\_\_\_

“The undersigned officers of the \_\_\_\_\_ Chapter of Omicron Kappa Upsilon hereby attest that the nomination of this individual for the Dr. William S. Kramer Award of Excellence has been made in the manner described by the Supreme Chapter and that the nominated award recipient embodies the ideals of scholarship, character and potential promise for advancement of the profession of dentistry and service to humanity as Dr. William S. Kramer demonstrated throughout his career of dedication to the profession and the Supreme Chapter of Omicron Kappa Upsilon.”

\_\_\_\_\_  
President, Component Chapter

\_\_\_\_\_  
Secretary-Treasurer, Component Chapter

**NOTE: This nomination form is to be received by the Supreme Chapter Headquarters at least 8 weeks prior to the date to be awarded. Please mail to:**

**Ms. Jan John, Corresponding Secretary  
Supreme Chapter, Omicron Kappa Upsilon  
UNMC College of Dentistry, Rm. 105  
40<sup>th</sup> & Holdrege Streets  
Lincoln, NE 68583-0740**