

THE NATIONAL BLACK COLLEGE
ALUMNI HALL OF FAME FOUNDATION, INC.

OFFICIAL 2019 NBCA HALL OF FAME NOMINATION FORM

[DEADLINE FOR SUBMISSION February 15, 2019]

We encourage you to submit nominations in each category listed; however, each nomination must be submitted separately. Each nomination must be endorsed, authorized and certified by the institution's President/Chancellor. **Note: Please complete form in its entirety. Use additional pages as needed. Resumes cannot be accepted in lieu of providing requested information.**

I/WE NOMINATE:		
In the category of:		
<input type="checkbox"/> Arts & Entertainment <input type="checkbox"/> Athletics <input type="checkbox"/> Business & Industry <input type="checkbox"/> Civil Rights <input type="checkbox"/> Community Service <input type="checkbox"/> Education	<input type="checkbox"/> Faith & Theology <input type="checkbox"/> Government & Law <input type="checkbox"/> Medicine <input type="checkbox"/> Science <input type="checkbox"/> Lifetime Achievement	
NOMINATING INSTITUTION		
Institution	President/Chancellor	
National Alumni President	Alumni Director	
Address		
Phone	Email	Fax
NOMINEE'S INFORMATION <i>[Include a Bio and Photo of Nominee]</i>		
Name of Nominee		
Home Address		
Phone [Work/Mobile]	Email	Fax
Occupation/Profession		

REASON FOR NOMINATION

Please provide the following pertinent information.
Be very specific and thorough. Use additional pages as needed

- I. Nominee's Contributions to Nominating Institution [25 points]
- II. Nominee's Contributions to HBCU's in General [25 points]
- III. Nominee's Accomplishments in Area of Nomination [25 points]
- IV. Nominee's Professional and Community Involvement [10 points]
- V. Nominee's Honors and Awards [5 points]
- VI. Nominee's Involvement in National Alumni Association [10 points]

ADDITIONAL INFORMATION

Include any other pertinent information you deem necessary.

NOMINATOR'S INFORMATION

By signing my name herewith, I hereby certify that this nomination is endorsed by the President/Chancellor of this institution, and s/he has given authorization to submit:

Name of Nominator

Title

Email Address

Phone

Signature

Date