

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

OFFICIAL 2020 NBCA HALL OF FAME NOMINATION FORM

DEADLINE FOR SUBMISSION FEBRUARY 1, 2020

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 <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"/> Entertainment <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