

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

www.nbcahof.org

**OFFICIAL 2023 NBCA HALL OF FAME NOMINATION FORM**

**[DEADLINE FOR SUBMISSION MARCH 1, 2023]**

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. Please e-mail form to [mjackson@twd-inc.net](mailto:mjackson@twd-inc.net) or mail it to P.O. Box 42118, Atlanta, GA 30311. **Note: Please complete form in its entirety. Use additional pages as needed. Resumes cannot be accepted in lieu of providing requested information.**

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

**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
- II. Nominee’s Contributions to HBCU’s in General
- III. Nominee’s Accomplishments in Area of Nomination
- IV. Nominee’s Professional and Community Involvement
- V. Nominee’s Honors and Awards
- VI. Nominee’s Involvement in National Alumni Association

**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 has given authorization to submit:

<b>Name of Nominator</b>	<b>Title</b>
<b>Email Address</b>	<b>Phone</b>
<b>Signature</b>	<b>Date</b>