

**THE NATIONAL BLACK COLLEGE
ALUMNI (NBCA) HALL OF FAME FOUNDATION, INC.**

www.nbcahof.org

OFFICIAL 2024 NBCA HALL OF FAME NOMINATION FORM

The DEADLINE FOR SUBMISSION is MARCH 15, 2024

We encourage the submission of nominations in each category; however, they must be presented separately. The nominations must be endorsed and authorized by the institution's President/Chancellor. Please e-mail the form to mjackson@twd-inc.net or mail it/them to the NBCA Hall Fame, P.O. Box 42118, Atlanta, GA 30311. **Note: Please complete the form in its entirety. Use additional pages as needed. Resumes cannot be accepted; instead, provide the requested information.**

I/WE NOMINATE (First & last name):		
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	
NOMINATING INSTITUTION		
Institution	President/Chancellor's Name	
National Alumni President's Name	Alumni Director's Name	
Address		
Office Phone Number	Cell Phone Number	Email Address
NOMINEE'S INFORMATION		
<i>**Please Include a bio (no more than 250 words) and a high-resolution photo of the nominee.</i>		
Name of Nominee		
Home Address		
Office Phone Number	Cell Phone Number	Email Address
Occupation/Profession		

REASONS FOR NOMINATION

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

- I. Nominee’s contributions to the nominating institution
- II. Nominee’s contributions to HBCUs in general
- III. Nominee’s accomplishments in their respective field(s)
- IV. Nominee’s professional and community involvement
- V. Nominee’s honors and awards
- VI. Nominee’s involvement in the National Alumni Association

ADDITIONAL INFORMATION

Include other relevant information you deem necessary.

NOMINATOR’S INFORMATION

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

Name of Nominator	Title
Email Address	Cell Phone
Signature	Date