

# ARKANSAS BLACK HALL OF FAME

## NOMINATION FORM

Name of Nominee \_\_\_\_\_

### NOMINEE CONTACT INFORMATION:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Closest Relative (Posthumous Nominee Only): \_\_\_\_\_

### NOMINATOR CONTACT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### ACCOMPLISHMENTS OF NOMINEE:

Nominees Field of Endeavor \_\_\_\_\_

Special Honors Received: \_\_\_\_\_

### NOMINATION SUBMISSION

*All submissions must include:*

1. A cover letter with the nominator explaining why they believe that the nominee is worthy of being inducted into the ABHOF.
2. Nominator to submit any supporting materials, i.e., articles featuring or about the nominee.
3. Materials will not be returned. Do not send original copies.
4. Mail Nomination form, cover letter, and any materials to:

**ABHOF Nominations Committee**  
**PO Box 1042 • Little Rock, Arkansas 72203**

*\*\*Nomination is not paramount to selection. Persons nominated will be placed in a pool for consideration by the Nominations Committee.*