

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.**