**African American Legacy Award Nomination Form**

**Date:**

**First Name of Nominee:**

**Last Name of Nominee:**

**Nominee’s Street Address 1:**

**Nominee’s Street Address 2 (optional):**

**Nominee’s City:**

**Nominee’s State:**

**Nominee’s Zip:**

**Nominee’s Phone Number:**

**Nominee’s Email:**

**Individual or Group Name Submitting this Nomination:**

**(If group, please provide the contact person’s name):**

**Street Address 1:**

**Street Address 2 (optional):**

**City:**

**State:**

**Zip:**

**Phone Number:**

**Email:**

***\*\*\*Please remember to include a statement (300 words or less) that describes the nominee’s qualifications for the award. Also, please include a bio/resume of the nominee.***

***Please return this filled-out form along with supporting documents to:***

**African American Legacy Award Committee
The History Museum
808 W. Washington St.
South Bend, IN 46601**