



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