African American Legacy Award Nomination Form (printable form)

Nominator Information

First Name _____

Last Name _____

Phone _____

Email _____

Your Relationship to Nominee _____

Organization _____

Is the nominee deceased? _____

Nominee Information

First Name _____

Last Name _____

Phone _____

Email _____

Address _____

City, State and Zip _____

Award Criteria and Justification (feel free to attach supporting documents)

Summary of Contributions to the History of our Region _____

Historical Significance _____

The History Museum
808 W. Washington St.
South Bend, IN 46601
574-235-9664

African American Legacy Award Nomination Form (printable form)

Please provide a photo of the nominee or give instructions on how to get a photograph.

You can also attach the nominee's curriculum vitae, resume, or biography that would help explain the nominee's qualifications for this award.

After filling out this form and printing it off, you can send it to:
The History Museum
Attn: African American Legacy Award Nomination
808 W. Washington Street
South Bend, IN 46601

-or-
You can drop this form off at the visitor services desk at The History Museum

The History Museum
808 W. Washington St.
South Bend, IN 46601
574-235-9664