



NCCAA Hall of Fame 2019 Nomination Form

PLEASE TYPE

DUE DATE: March 15, 2019

Name of Nominee _____

Address (Street) _____

(City) _____ (State) _____ (Zip) _____

Nominee's Telephone Number: (Business) _____ (Home) _____

Nominee's Occupation: _____

Nominee's Birth Date: _____

Check One:

Nominee is: Living Deceased

Nominee is qualified for nomination in the following category:

_____ **CHAMPION**

An individual outside of the community action network who has made an impact and contribution to the community action movement.

_____ **BOARD OF DIRECTORS**

A Board member whose leadership and community involvement is recognized within the community the agency serves.

_____ **EXECUTIVE DIRECTORS**

An executive director whose dedication, guidance, work ethic and loyalty to community action has brought about change in the agency and the community served.

_____ **STAFF**

A staff person whose good work ethic, loyalty, longevity and dedication has delivered a positive change in the agency and community.

*(If the nominee qualifies in more than one category, select the **one** you consider the most appropriate.)*

