CALL FOR NOMINATION

Clark Atlanta University Dr. Thomas W. Cole, Jr. Legacy Award

In preparation for the 12th Annual “Spirit of Greatness Gala,” on Saturday, **March 21, 2020**, the honoree Selection Committee is seeking your participation in identifying some of the nation’s celebrated alumni and citizens to honor.

The following should be considered when nominating an individual:

**Nominees must:**
- Hold a degree from the University or be an exemplary supporter.

**Nominees must:**
- Demonstrate a strong commitment to the University through direct financial support or influential in getting others to give;
- Demonstrate a superior level of social consciousness locally, nationally or internationally;
- Have achieved meritorious success and recognition locally, nationally or internationally;
- Attend the Spirit of Greatness Gala.

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2020 Dr. Thomas W. Cole, Jr. Legacy Nomination Form

**NOMINEE’S INFORMATION**

Name of Nominee: ____________________________________________________________________________________________________
Address: _______________________________________________________________________________________________________________
City: ___________________________________________________________________________________ State: ____________________ Zip Code: ____________
Home Number: _______________________ Work Phone: _________________________ Cell Phone: ________________________
Email: ______________ ______________________________________________________________________________________________________

Please attach a one-page summary of the nominee’s qualifications; the summary should include the following: Nominee’s contribution to the University, Alumni Association, or any other University constituent group. Nominee’s commitment to the community or public service * Nominee’s achievements in his or her profession

**NOMINATOR’S INFORMATION**

Name of Person Submitting Nomination: __________________________________________________________________________
Title/Profession: _____________________________________________________________________________________________________
Address: _____________________ __________________________________________________________________________________________
City: __________________________________________ State: ____________________ Zip Code: ________________________
Home Number: ______________ Work Phone: ________________ Cell Phone: ________________________
Email: __________________________________________________________________________________________________________________

**Return this form by Friday, November 22, 2019 to:**

Clark Atlanta University
223 James P. Brawley Drive, S.W., Campus Box 9030
Atlanta, GA  30314-4391
(404) 880-8022 (404) 880-8751 (Fax)
Or via email: gjasho@cau.edu