

## CALL FOR NOMINATION

In preparation for the 14<sup>th</sup> Annual "Spirit of Greatness Gala," on Saturday, **April 1, 2023**, 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:

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

Highest Level Award, thus **Nominees must:**

- Hold a degree from the Institution or be an exemplary supporter
- 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 and support the Spirit of Greatness gala.



## **2023 Dr. Thomas W. Cole, Jr. Legacy Award 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 achievements in his or her profession and/or meritorious success locally, nationally or internationally*

### **NOMINATOR'S INFORMATION**

Name of Person Submitting Nomination: \_\_\_\_\_  
Title/Profession: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Please return this form with the supporting documentation by **Monday, December 19, 2022****

#### **Return this form to:**

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

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In preparation for the 14<sup>th</sup> Annual "Spirit of Greatness Gala," on Saturday, **April 1, 2023**, 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:

### Clark Atlanta University Pathways to Excellence Award for Alumni

- Hold a degree from the University (Atlanta University, Clark University, Clark College, or Clark Atlanta University)
- Demonstrate a strong commitment to uphold the mission and values of the University through continuous financial support of the University and/or Alumni Association;
- Demonstrate a superior level of social consciousness by actively initiating community endeavors and/or responding to the needs of the community;
- Have achieved meritorious success and recognition;
- Attend the Spirit of Greatness Gala.



### Clark Atlanta University Pathways to Excellence Award for Non-Alumni

- Demonstrate a strong commitment to uphold the mission and values of the University as evidenced by the support rendered to the University;
- Demonstrate a superior level of social consciousness by actively initiating community endeavors and/or responding to the needs of the community;
- Attend the Spirit of Greatness Gala

## 2023 Pathways to Excellence Award 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: \_\_\_\_\_  
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