



FLORIDA
**BUSINESS
PROFESSIONALS**
of AMERICA
Giving Purpose to Potential

Hall of Fame Award Nomination

Purpose

To recognize those individuals who have made significant contributions at Florida Business Professionals of America.

Eligibility

Individuals who have contributed to the state association. The nominee must have made contributions and been involved at the local, state level for 10 or more years. To be eligible for the Hall of Fame Award, the nominator must submit the following information about the nominee:

1. Nomination Form
2. One page, single-spaced, narrative-style biography of nominee's supportive contributions to the organization
3. A maximum of three (3) letters of recommendation for the nominee. Information provided in the letters weighs heavily in evaluation.
4. One page resume of Business Professionals of America-related accomplishments for the nominee.

Entries

Nominations will be accepted every year from the following: State Officers, Board of Directors, BPA State Advisors, State Staff, Executive Council, and Local Advisors.

Guidelines and Application

The completed application package must be submitted to Florida BPA via **e-mailed no later than February 15, 2021.**

Email to info@fflbpa.org

Recognition

A maximum of one (1) individual will be recognized with lifetime memberships and individual awards on stage at the State Leadership Conference for that year

Non-Discrimination Policy

It is the policy of Florida Business Professionals of America that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, sexual orientation, or disability shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to, discrimination in any program or activity for which it is responsible.

Nomination Form

Nominee Information

First & Last Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (include area code): Cell _____ Other _____

Email Address: _____

Nominated By

First & Last Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (include area code): Cell _____ Other _____

Email Address: _____

I attest that the information provided in this nomination is accurate to the best of my knowledge. I understand that an incomplete nomination and/or incorrect information provided in this nomination will result in disqualification for this award for the current membership year.

Signature: _____ Date: _____

Narrative Review of Nominee's Supportive Contributions to BPA

A large empty rectangular box intended for a narrative review.

