



**LEGENDARY BLACK EDUCATOR
NOMINATION FORM**

Name (Please Print) _____

Address _____ City _____

State _____ Zip Code _____

Phone _____ Email _____

SBT Graduate? _____ School _____ Year _____

Other Affiliation: Supporter _____ Organization _____

Nominee _____

School (Where Employed) _____

Brief Supporting Statement (Why nominee deserves to be a Legend)

Amount Enclosed (no cash please) _____

Make checks payable to:

Legends Trust Fund (LTF)

P O Box 1834

Greenwood, MS 38935

Community Foundation of Northwest Mississippi

315 Loshier St., Suite 100, LTF #438

Hernando, MS 38632

Signature _____ Date _____