



Hall of Fame Nomination Application

Please complete this form and return it to Ralph Neeley at ralph.neeley@barrow.k12.ga.us or if it would help you to send in a resume as opposed to filling out this form feel free to send the resume to Ralph Neeley. The G.A.D.A. will use this information to make the final selections for the 2025 inductees.

Name: _____

Current Address: _____
 (Street Address) (City) (State) (Zip Code)

Schools: _____

Education: Undergraduate College and Degree: _____

Graduate College and Degree/s: _____

Experience: (Check the box that applies to your year of service as an athletic director)

- Athletic Director: 1-10 years (1 pt.) 11-20 years (2pts.) 20 + years (3 pts)

Membership: (Check the box that applies to your years of GADA membership)

- GADA Member: 1-10 years (1 pt.) 11-20 years (2 pts.) 20 + years (3 pts.)

Certification: (Check the box for all certifications that you completed) (30 total points)

- RAA (5 point) CAA (10 points) CMAA (15 points)
- Service Prior to the time when the NIAAA created the RAA, CAA, CMAA Certification Process

Service as an Officer, Board Member, and/or Committee Member: (list all positions and years)

- NIAAA
- GADA (State)
- GHSA (Region or State)
- GACA

Honors and Awards (please list all):

Affiliations with professional organizations (Please list all including the number of years.)

Describe your career contributions as an interscholastic athletic administrator.:

Additional applicable information that you want to share