



Hall of Fame Nomination Application

Please complete this form and return it to Ralph Neeley at ralph.neeley@barrow.k12.ga.us and include a resume if possible.
The GADA will use this information to make the final selections for the 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