

# CHARLES E. BEARD AWARD

## NOMINATION FORM

### **Purpose:**

To recognize an individual outside the library profession who has made a significant contribution to the development or promotion of libraries in the Southeast. The President's Award was established by the Executive Board of SELA in March 1988. The Award was named for the late Charles E. Beard, Director of the Ingram Sullivan Library and the University of West Georgia, who served as President of SELA, 1986-1988.

### **Criteria:**

1. The award may be given to any **individual outside the library profession** who has made a significant contribution to the development or promotion of a library or libraries in the Southeast.
2. The award will be given to **no more than one person in a biennium**, and an award may be omitted if no suitable nomination is received.
3. A significant contribution to library development in one or more states served by the Southeastern Library Association will qualify a person for nomination.
4. A **short statement outlining the significant contribution is required**. Include any pertinent supporting documentation, such as newspaper articles, brochures, letters, and other materials.
5. Please send your nominee's name, along with a narrative of his or her professional / business and association activities, civic organizations, writings (if pertinent), single events, or other honors received.
6. The **person making the nomination must be a member of SELA**, but the nominee need not be.

Submit nominations on this form, along with any accompanying material, to the Charles E. Beard Award Committee Chair by May 1, 2026

Dr. Linda Marie Golian-Lui, Chair Charles E Beard Award 2026  
Dean, University Libraries  
Florida Atlantic University  
Boca Raton, FL  
[lgolian@fau.edu](mailto:lgolian@fau.edu)  
561-2973717

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### **Part 1: Person Nominated By A SELA Member**

Name: \_\_\_\_\_

(First Name) (Middle Name or Initial) (Last Name)

State(s) in which the nominee made contribution: \_\_\_\_\_

### **Address of nominee:**

Street \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Part 2: SELA Nominator Contact Information**

Name \_\_\_\_\_

Street \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Part 3: Reason for Nomination**

Please print or type the reason for nomination below or on a separate sheet. Please limit to 500 words or fewer.