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| **8520 East Avenue****Mentor OH 44060****440-205-8111** | **Lake County Senior Citizens Hall of Fame****2023 Nomination Form*****Application # (for LCCoA Use Only)*** |
| **PART I: NOMINEE INFORMATION:** |
| [ ]  **Mr.** [ ]  **Mrs.** [ ]  **Ms.** [ ]  **Miss** |
| **Last Name:** |       | **First Name:** |       | **Middle:** |       |
| **Month and Year of Birth:** |       | **If Deceased, Year of Death:** |       |
| ***If the nomination is for a couple please complete line below:*** |
| **Last Name:** |       | **First Name:** |       | **Middle:** |       |
| **Month and Year of Birth:** |       | **If Deceased, Year of Death:** |       |
| **Street Address:** |       | **City:**  |       |
| **State:** |       | **Zip:** |       |
| **Phone #:** |        | **Years Residing in Lake County:** |       |
| **Email:**       |  |  |  |
| **Family Contact Person:** |       | **Phone #:** |       |
| **Family Contact Relationship to Nominee:** |       |
| ***If selected as a Hall of Fame Member for 2023 this individual will be contacted by the end of September.***  | **Phone #:** |       |
| **Name of Person / Organization Submitting Nomination:** |       |
| **If Organization, Name of Contact Person:** |       **Email:**       |
| **Street Address:** |       | **City:** |       |
| **State:** |       | **Zip:** |       |
| **Daytime Phone Number(s):** |       |
| **Your Relationship to Nominee (i.e., friend, colleague, relative etc.):** |       |
| ***I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE:*** **Signature of Nominator Date** |
| ***Please complete Part(s) 1, 2, 3, 4 and 5 and return completed form to the Council on Aging by August 18, 2023:*** |
| ***Email to:*****lshaffer@lccoa.org** | ***Mail to:******Lake County Council on Aging******Attn: Linda Shaffer******8520 East Avenue******Mentor OH 44060*** | ***Fax to:******440-205-7055******Attn: Linda Shaffer*** |

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| **PART 2: PROVIDE RELEVANT INFORMATION ABOUT SERVICES OR ACHIEVEMENTS THAT THE NOMINEE HAS ACCOMPLISHED SINCE AGE 60. INCLUDE NAMES AND DATES:** |
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| **PART 3: DESCRIBE THE BENEFITS OR IMPACT OF THE NOMINEE’S ACTIONS THROUGH HIS/HER EMPLOYMENT OR VOLUNTEER ACTIVITIES SINCE AGE 60:** |
|       |
| **PART 4: LIST COMMUNITY ORGANIZATIONS, BOARDS, CLUBS ETC., THAT THE NOMINEE HAS BEEN INVOLVED IN SINCE AGE 60. IF POSSIBLE, PLEASE INCLUDE OFFICES AND DATES HELD. *(ANY AWARDS LISTED PRIOR TO AGE 60 WILL BE DELETED FROM THE NOMINATION FORM SUBMITTED FOR JUDGING.)*** |
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| **PART 5: SUMMARIZE IN YOUR OWN WORDS WHY THIS NOMINEE IS TRULY DESERVING OF BEING SELECTED TO THE LAKE COUNTY SENIOR CITIZENS’ HALL OF FAME:** |
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