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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**](mailto: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.)*** |
|  |
| **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:** |
|  |