

<u>Westchester County Department of Senior Programs & Services</u> **2023 Nomination Form: Westchester Senior Citizens Hall of Fame Awards**

Nomination Due: Friday, September 8, 2023

ONE FORM PER INDIVIDUAL NOMINATION. NO COUPLES. ONE NOMINATION PER NOMINATOR.

Be sure your candidate is eligible by checking here: https://seniorcitizens.westchestergov.com for a list of past honorees. We encourage you to fill out the form online by going to www.bit.ly/2023SHOF or fill out a paper form. Please complete the following and scan or save this file to your computer using the name of your nominee, i.e., SmithHOF2023. When the form is complete, email it to AmandaS@eventsremember.com as an attachment. You may also print and mail a copy to the address listed at the bottom of page 3.

Nominee Name (prefix, first, middle) and Age
Address
Email and Phone (this is very important so we can contact the nominee)
Nomination is for: Volunteer Work Paid Work Currently: Retired Employed
Nomination is made for work at what organizations and time spent at each?
Describe nominee's contributions. What is innovative/outstanding?
Leadership Provided
Volunteer Activities (other)
Volunteel / Neuvilles (other)
How has the nominee contributed to Advocacy for Seniors
Present Occupation
Former Occupation
Accomplishments Nominee is proudest of

Last name of I	Nominee:
Last manne or i	

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Nominee's Contribution – Tell us how the work of your nominee has helped others and the community; what unme
needs were met. 150 words maximum
Short Biography – Years in Westchester, family, etc. 100 words maximum
Short Anecdote (optional) – Tell us something unique about your nominee. 150 words maximum

Continue next page

Last name of Nominee:

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Nominator Name (prefix	first, middle)
Address	
Email and Phone	
<u>Please do l</u>	not call to learn nominee's status, we will call you if your nominee is selected.
We notify local governme	nt officials when one of their constituents is receiving this award.
Please complete Nominee	<u>'s:</u>
County Legislator	
Mayor/Supervisor	
NYS Assemblyperson	
NYS Senator	
Add at least one more per as a reference for your no	son, such as a community leader, recreation/senior center official, or member of the clerg minee:
Name (prefix, first, middl	e)
Organization	
Email and Phone	

Mailed-in nominations must be postmarked by Friday, September 1, 2023 to:

Events To Remember Attn: Amanda Seebeck 100 Clarewood Drive, Unit 3J Hastings on Hudson, NY 10706

Questions? Contact Amanda Seebeck at Events To Remember at AmandaS@EventsRemember.com or call (914) 218-3968.