



**EXCELLENCE IN AGING AWARD  
NOMINATION FORM 2010**

**Nominee:**

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

Organization & Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Nominator:**

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

Organization & Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Please describe how the nominee has demonstrated the following:**

Leadership in the field of aging in the southwestern CT region: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Improves their community's ability to support older adults: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advocates for elder issues: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Serves/has served as a volunteer/board/advisory member for agencies dedicated to older adults:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Demonstrates creative and innovative approaches to meeting the needs of older adults: \_\_\_\_\_

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Success in bringing diverse groups/individuals/ together to support aging initiatives: \_\_\_\_\_

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**Please summarize why the nominee should receive this award:**

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**NOMINATION FORMS CAN BE DOWNLOADED BY VISITING [WWW.SWCAA.ORG](http://WWW.SWCAA.ORG)**

**AN EMAIL CONFIRMATION WILL BE SENT TO ALL NOMINATORS ONCE THE  
NOMINATION FORM HAS BEEN RECEIVED**

**THE NOMINATOR FOR THE RECIPIENT OF THE AWARD WILL BE NOTIFIED**

**THE AWARD RECIPIENT WILL BE NOTIFIED BY OCTOBER 1, 2010**

**NOMINATION DEADLINE IS FRIDAY, AUGUST 27, 2010**

**SEND NOMINATIONS TO:  
SOUTHWESTERN CT AGENCY ON AGING  
ATTN: GRETCHEN JAMES  
10 MIDDLE STREET  
BRIDGEPORT, CT 06604  
OR email [gjames@swcaa.org](mailto:gjames@swcaa.org)**