

2020 WSASC Awards Nomination Form

Each year the Washington State Association of Senior Centers honors outstanding individuals and organizations at our Conference. Award categories are as follows:

Professional Leadership Award

A nominee for this award will have held a senior center position for more than five years and demonstrate through their work efforts, performance and concern that clearly excel beyond their daily responsibilities. These extra efforts can be demonstrated in the area of legislation, professional or community involvement, creative programming, etc.

Rising Star Award

The nominee should embody the essence and spirit of their predecessors, be determined to inspire a change or make a difference in the industry. Intended for individuals who have worked in the senior services arena less than five years, the nominee will exhibit a tremendous amount of energy and possess a great rapport with clients, while working in unison with others.

Community Connection Award

An agency, organization or individual nominated in this category will be a community entity that has provided assistance at their local senior center. This organization or individual will have clearly demonstrated support for their senior population and center by going beyond normal volunteer activities. Community support should be highly valued by their senior center staff, participants and the community.

Service Recognition Award

A program, service or event nominated in this category is creative, meets a specific community need, was on the cutting edge of a recent trend, solved a community problem or highlighted the special uniqueness of the community, the center or the older adults it served.

The following nomination form must be complete and returned by April 30, 2020

Please mail, fax or email your nomination for to:

Kristy Dunn, Recreation Supervisor City of Burien 14700 6th Ave SW Burien, WA 98166 206-812-4722 office 206-243-2784 fax kristyd@burienwa.gov



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Categor	y: (Select One)		
	_ Professional Leadership Award		Community Connection Award
	Rising Star Award		Service Recognition Award
Candida	ate Name:		
Address	::		
City/Sta	te/Zip:		
	ation Name:		
	ted By:		
Telepho	ne:	Email: _	
-	lescribe the efforts of your nomination or ns or participants. (Attach one additional s	-	-
	describe why you believe these efforts or needed)	impact is	worthy of recognition? (Attach one additional