

2009 WSASC Awards Nomination Form

Category: (Circle)

Professional
New Professional

Organizational/ Advocate
New Program/Activity

Name of Candidate: _____

Address: _____

Name of Organization: _____

Nominated By: _____

Your Phone or e-mail: _____

1. Briefly describe your nominee's effort or impact on behalf of your Senior Center's services, programs or participants (Attach an additional sheet if more space is needed)

2. In your opinion, why is their effort or impact worthy of recognition? (Attach an additional sheet if more space is needed)

