

SOUTHEASTERN ASSOCIATION OF AREA AGENCIES ON AGING

2007 SE4A Aging Impact Award  
NOMINATION FORM

The SE4A Aging Impact Awards were established to recognize public officials who have made a significant measurable impact on the quality of life of older adults through their leadership at the local, regional/state or national level.

Nominee's Full Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Public Office Held: \_\_\_\_\_ Year Term Ends \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Education: \_\_\_\_\_

Please check only one Award Category for which this person is being nominated:

- National Aging Impact Award
- Regional/State Impact Award
- Local Impact Award

Criteria: (One or more of the following):

Award nominees must have made an observable or measurable impact on the quality of life of older adults by providing leadership in one or more of the following categories:

1. Advocacy
2. Public Policy Change
3. Securing New or Additional Funding
4. Program Development
5. Cultural Enhancement

NARRATIVE ON NOMINEE (Not to exceed 2 pages typed and no less than a 10 point font size) Please include the following information:

1. What is Impact on the Quality of Life of Older Adults that has resulted from the work of the public official?
2. What are Observable and/or Measurable Outcomes of the work done by the public official? (State in terms of number or percentage of older adults impacted).
3. Accomplishments of nominee that relate to award criteria listed above.

Will the nominee attend the SE4A Conference? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Sponsoring AAA: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_