



southeastern association
of area agencies on aging

SOUTHEASTERN ASSOCIATION OF AREA AGENCIES ON AGING

2026 AGING IMPACT AWARD

NOMINATION FORM

NOMINEE'S INFORMATION

NOMINEE'S FULL NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

PUBLIC OFFICE HELD: _____ YEAR TERM ENDS: _____

OCCUPATION: _____ EMPLOYER: _____

WORK ADDRESS: _____

EDUCATION: _____

AWARD CATEGORY

INDICATE THE AWARD CATEGORY FOR WHICH THE INDIVIDUAL IS BEING NOMINATED. PLEASE SELECT ONLY ONE CATEGORY.

- _____ NATIONAL AGING IMPACT AWARD
- _____ REGIONAL/STATE AGING IMPACT AWARD
- _____ LOCAL AGING IMPACT AWARD

SPONSORING AAA INFORMATION

SPONSORING AAA NAME: _____

CONTACT PERSON: _____ EMAIL ADDRESS: _____

WILL NOMINEE ATTEND SE4A

CONFERENCE: _____ Yes _____ No

(Please Note: The sponsoring AAA will be responsible for facilitating recipient notification and luncheon attendance.)

SUBMISSION INFORMATION

PLEASE RETURN COMPLETED FORM TO LYNNE REEVES, AWARDS CHAIR.

SUBMISSIONS MUST BEPOSTMARKED OR RECEIVED VIA EMAIL NO LATER THAN JUNE 15, 2026.

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