



SOUTHEASTERN ASSOCIATION OF AREA AGENCIES ON AGING

## 2024 CORPORATE PARTNERSHIP AWARD

### NOMINATION FORM

**(Public Agency) Nominee's Full Name/Title:** \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

**(Private Agency) Nominee's Full Name/Title:** \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

**NARRATIVE ON NOMINEE**, including reasons these organizations merits the Award. (Use extra pages as necessary. Limit is three pages; double space, use 12-point font.)

Will a representative for the nominee attend the SE4A Conference? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

**(Note: Sponsoring AAA will be responsible for facilitating notification & luncheon attendance of award recipient.)**

**Please return this form no later than May 24, 2024. to Sarajane Melton, Awards Chair.**

Sarajane Melton  
Southwestern Commission AAA  
125 Bonnie Lane  
Sylva, NC 28779  
[sarajane@regiona.org](mailto:sarajane@regiona.org)