

Wisdom Awards Nomination Form

Yes, I would like to nominate:

Nominee Name: _____

Address: _____

Age/Date of Birth: _____

Phone number: _____

Please check one category below for the nominee:

Healthy Aging

An individual whose athletic prowess helps him/her to achieve remarkable things in an organized sport or an individual endeavor (running, cycling, Yoga, swimming, etc.).

Military Service

An individual who has served his/her country with pride and distinction and continues to embody that spirit .

Volunteer Service in the Community

An individual who distinguishes him/herself through volunteer work in religious, civic, and/or community organizations.

Career Service

An individual who has dedicated a significant portion of his/her professional career to bettering the lives of others.

Caregiver

An individual who is a formal or informal caregiver, and whose giving spirit enriches all around him/her.

Creativity and the Arts

An individual whose creativity inspires others, including painting, sculpture, music, culinary pursuits, dance, theatre or other medium.

Educator

An informal or formal educator who continues to teach — and learn from — others.

Legacy (A Posthumous Award)

An individual whose spirit lives on in all who know him/her.

Please explain in one page why this person is deserving of a *Wisdom Award*, including answers to the following questions:

- How is the individual a model of graceful aging?
- Why is the individual an inspiration?
- How does this individual continue to make a difference?
- What specific examples/stories can you provide to help us better get to know your nominee?

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- I have included photos of the individuals to be used in the awards slideshow. All photos will be returned. (High resolution digital photographs or videos are most welcome!)
- I have included other information to indicate how deserving this individual is of a Wisdom Award (i.e. photos of art work, participation in events, testimony from others, etc.)

Please contact _____ for photos.

Email: _____

Phone: _____

Your Name: _____

Address: _____

Phone: _____

Email: _____ Relationship to Nominee: _____

Nominations close on February 5, 2012. Please send completed nomination forms and materials to Julie Norko, CCSHS, 45 Meriden Avenue, Southington, CT 06489. You may also fax nomination forms to 860-863-5784 or email them to norkoj@ctseniorcare.org.

For questions, call 860-378-1284.