NOGA

Northwest Ohio Gerontological Association

Community Service Recognition Award
Nomination Form

Nominee: _____ Phone: _____

Address: _____

Contact Person: _____ Phone: _____

Address: _____

Major achievements in the field of aging: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Length and impact of service:: _____
_____
_____
_____
_____
_____
_____

List personal/professional strengths of nominee: _____
_____
_____
_____
_____
_____
_____

Photograph of nominee enclosed: ____ yes ____ no

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