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## Serving Seniors Awards Nomination Form

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

Nominee's Address: \_\_\_\_\_

Nominee's Phone: \_\_\_\_\_ Nominee's Email: \_\_\_\_\_

Award Being Nominated for (check category):

- The Kahn Collaboration Award
- The Sousa Advocacy Award
- The Tingle Volunteerism Award
- The Compassionate Care Provider Award
- The Outstanding Caregiver Award
- The Jalna Perry LGBT Award
- The Spirit of SCES Award

Please explain why you think the nominee should be selected for the award. Describe how his/her experience and activity fits with the previously described selection criteria. Please use additional paper as needed.

Your Name: \_\_\_\_\_

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

Your Phone: \_\_\_\_\_ Your Email: \_\_\_\_\_

**Please email this form to Nathan Lamb no later than Wednesday, September 1, 2021**