

Westchester County Department of Senior Programs & Services 2025
Nomination Form: Westchester Senior Citizens Hall of Fame Awards**Nomination Due: Wednesday, September 10, 2025****ONE FORM PER INDIVIDUAL NOMINATION. NO COUPLES. ONE NOMINATION PER NOMINATOR.**

Be sure your candidate is eligible by checking here: seniorcitizens.westchestergov.com. Please complete the following and scan or save this file to your computer using the name of your nominee, i.e., SmithHOF2023. When the form is complete, email it to AngeliqueM@EventsRemember.com as an attachment. You may also print and mail a copy to the address listed at the bottom of page 3.

Nominee Name (prefix, first, middle) **and Age****Address****Email and Phone** (this is very important so we can contact the nominee)**Nomination is for:** ☐ Volunteer Work ☐ Paid Work **Currently:** ☐ Retired ☐ EmployedNomination is made for work **at what organizations** and time spent at each?

Describe nominee's contributions. What is innovative/outstanding?

Leadership Provided:

Volunteer Activities (other):

How has the nominee contributed to Advocacy for Seniors?

Present Occupation

Former Occupation

Accomplishments Nominee is proudest of:

Last name of Nominee:

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Nominee's Contribution – Tell us how the work of your nominee has helped others and the community; what unmet needs were met. **150 words maximum**

Short Biography – Years in Westchester, family, etc. **100 words maximum**

Short Anecdote (optional) – Tell us something unique about your nominee. **150 words maximum**

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Nominator Name (prefix, first, middle)

Address

Email and Phone

Please do not call to learn nominee's status, we will call you if your nominee is selected.

We notify local government officials when one of their constituents is receiving this award.

Please complete Nominee's:

County Legislator
Mayor/Supervisor
NYS Assemblyperson
NYS Senator

Add at least one more person, such as a community leader, recreation/senior center official, or member of the clergy as a reference for your nominee:

Name (prefix, first, middle)

Organization

Email and Phone

Mailed-in nominations must be postmarked by Wednesday, September 10, 2025, to:

Events To Remember
Attn: Angelique Morelli
100 Clarewood Drive, Unit 3J
Hastings on Hudson, NY 10706

Questions? Contact Angelique Morelli at Events To Remember at
AngeliqueM@EventsRemember.com or call (914) 218-3968.