



2024 OUTSTANDING OLDER AMERICAN AWARDS NOMINATION FORM

SELECTION OF MAUI COUNTY'S OUTSTANDING OLDER AMERICANS "POWERED BY CONNECTION"

PURPOSE

- To honor older adults who contributed significantly to improving community life
- To encourage participation in community activities
- To honor significant contributions provided by volunteer caregivers to the community
- To recognize the exploration of new interests, endeavors, and accomplishments.

ELIGIBILITY

- Nominees are desired from all segments of the community.
- While they may be members of senior clubs, churches or other organizations, it is not mandatory that the nominee belong to an organization.
- The nominee must be age 65 years or older and a resident of Maui, Molokai, or Lanai. Points will be awarded for services provided in the community after attaining age 60.
- The following are not eligible: Past award winners (those who have been selected as the Outstanding Male or Female Older American of Maui County), Council on Aging Members, and Maui County Office on Aging staff.
- Nomination papers may be submitted by the candidate, another individual or an organization.

DEADLINE: Friday, March 15, 2024

by 4:30pm (no exceptions) Call 270-7755 to confirm receipt of forms.

Mail or Deliver Forms to:

Maui County Office on Aging
Attn: OOA Committee
95 Mahalani Street, Room 20
Wailuku, HI 96793

Forms can also be emailed to MCOA.ADRC@co.maui.hi.us

2024 Outstanding Older American Award Ceremony

Friday, May 10, 2024

11:00 am to 1:00 pm

Details forthcoming

NOMINATION APPLICATION

Maui County 2024 Outstanding Older American Awards

Nominee's Information

Miss

Mrs

Mr

Last Name _____ First Name _____

Middle Initial(s) _____

Street Address _____ City _____

Zip Code _____ Email _____

Phone _____ Alternate Phone _____

Nominator's Information

Miss

Mrs

Mr

Last Name _____ First Name _____

Middle Initial(s) _____

Street Address _____ City _____

Zip Code _____ Email _____

Phone _____ Alternate Phone _____

Optional Information

Nominator's Club or Organization Affiliation

Nominee's Club or Organization Affiliation

MCOA CODE:

NOMINATION APPLICATION

Maui County 2024 Outstanding Older American Awards

NOMINEE'S AGE: _____ **BIRTH DATE:** _____
(Must be 65 years or older)

VOLUNTEER SERVICE, LEADERSHIP AND/OR CAREGIVING ACTIVITIES AFTER AGE 60

**For judging purposes, please do NOT state nominee's name*

List services the nominee provided to the community, friends, neighbors, and/or family members and the capacity in which nominee served after age 60, and the approximate hours per month. (Attach additional sheet if necessary)

Service or Organization	Position in which served (example: president, founder, officer, member, volunteer, or volunteer supervisor)	Estimated Years of Service	Estimated Hours Volunteered Monthly
<i>Ex: Pacific Whale Foundation</i>	<i>Ex: Volunteer Educator</i>	<i>Ex: 15 years</i>	<i>Ex: 50 hours</i>

MCOA CODE:

OUTSTANDING ACHIEVEMENTS *For judging purposes, please do NOT state nominee's name

Describe the nominee's outstanding for the betterment of the community, to individuals, projects or organizations. (Attach additional sheet if necessary)

- Include details and examples regarding:
- How many people benefitted from the nominee's care, service or activities
- How were they helped?
- Who benefitted?

PERSONAL ACHIEVEMENTS AFTER AGE 60 *For judging purposes, please do NOT state nominee's name

Provide brief information on the nominee's personal achievements, new, activities or new occupations after age 60. (Attach additional sheet if necessary)

MCOA CODE:

EXPLAIN WHY YOU FEEL THIS NOMINEE DESERVES TO BE THE OUTSTANDING OLDER AMERICAN 2024 *For judging purposes, please do NOT state nominee's name. Replace nominee's name with "NOMINEE"

In the space below, provide your story, explanation, or justification in narrative form. (Attach additional sheet if necessary)

Thank you for taking the time to complete this form. Please be sure that forms are received at the Office of Aging by March 15, 2024. You may mail, deliver or email completed nomination forms. Please contact Office on Aging at 808-270-7755 to confirm receipt.

MCOA CODE:

OPTIONAL BACKGROUND INFORMATION
WILL NOT BE USED FOR JUDGING PURPOSES

Nominee's Name: _____ **Birthplace:** _____

Occupation(s) prior to age 60:

Special Interests or Hobbies:

Family History (spouse, children, etc):

Explain why this person should be selected as the 2024 Outstanding Older American in Maui County:

MCOA CODE: