



The central address
for Jewish eldercare

2017 AJAS Award Nominations

**Nomination Deadline:
Monday, November 14, 2016**

Awards to be presented at the 2017 AJAS Annual Conference:

**The Peabody Memphis
Memphis, TN
April 2-5, 2017**

The Association of Jewish Aging Services (AJAS) has been the leader in developing programs and services that promote and enhance the quality of life for older Jewish adults throughout North America. These awards give us the opportunity to recognize and honor individuals and organizations for significant achievements and contributions dedicated to our older Jewish adults. The 2017 Awards Committee is pleased to issue a call for nominations for national recognition in the following categories:

- **Dr. Herbert Shore Award of Honor**
- **Young Executive of the Year Award**
- **Trustee of the Year Award**
- **Professional of the Year Award**
- **Jewish Programming Award**
- **Mentor of the Year Award**
- **AJAS Humanitarian of the Year Award**

Please review the specific requirements for each nomination. The award presentations are memorable and important to our conference program and therefore, it is very important that you share this with your appropriate professional staff and lay leadership in your organization and strongly encourage their participation and involvement with AJAS.

Completed nominations should be returned no later than
Monday, November 14, 2016 to Rachel Stevens:

E-mail: Rachel@ajas.org
Mail: 2017 AJAS Awards Committee
c/o Rachel Stevens
2519 Connecticut Avenue NW
Washington, DC 20008
Fax: 202-543-4090

Thank you in advance for your nominations. Winners, and those who nominated them, will be notified mid-late December. We look forward to seeing you at the 2017 AJAS Conference in Memphis, TN!

SUBMISSION DEADLINE: Monday, November 14, 2016

Association of Jewish Aging Services
202-543-7500
www.ajas.org

2017 DR. HERBERT SHORE AWARD OF HONOR

This award is presented to the outstanding executive professional who by his/her performance and contributions best exemplifies the goals and ideals of AJAS and service to Jewish older adults. The candidate has served in his/her capacity for more than ten (10) years and continues to demonstrate dedication, integrity, commitment, innovation, proven professional leadership, and community involvement. In addition, the recipient is respected, devoted, and highly principled. Also, this individual must have had a significant involvement with AJAS.

FOR THE 2017 DR. HERBERT SHORE AWARD OF HONOR, I/WE NOMINATE:

NAME: _____

TITLE: _____

FACILITY: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

INSTRUCTIONS:

Attach a letter to this cover sheet describing why this person is deserving of the 2017 Dr. Herbert Shore Award of Honor. Also, include additional information on the nominee that will help support your nomination—the person's affiliations, awards, publications, meritorious performance, membership in professional organizations or additional letters of recommendation. Your entire submission should not exceed seven (7) one-sided pages.

SUBMITTED BY: _____

NAME: _____

TITLE: _____

FACILITY: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

PHONE: _____

SUBMISSION DEADLINE: Monday, November 14, 2016

2017 AJAS YOUNG EXECUTIVE OF THE YEAR AWARD

This award is given to honor a young executive (administrator, associate or assistant director, housing manager) who has demonstrated significant potential in the field of healthcare management by virtue of his/her cumulative achievements or innovative results in management or administration. The nominee should have served in an administrative position for at least five (5) years, be less than 45 years of age, exhibit leadership through recognized innovative cumulative achievements, and demonstrate significant involvement with AJAS.

FOR THE 2017 AJAS YOUNG EXECUTIVE OF THE YEAR AWARD, I/WE NOMINATE:

NAME: _____

TITLE: _____

FACILITY: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

INSTRUCTIONS:

Attach a letter to this cover sheet describing why this person is deserving of the 2017 AJAS Young Executive of the Year Award. Also, include additional information on the nominee that will help support your nomination—the person's affiliations, awards, publications, meritorious performance, membership in professional organizations or additional letters of recommendation. Your entire submission should not exceed seven (7) one-sided pages.

SUBMITTED BY: _____

NAME: _____

TITLE: _____

FACILITY: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

PHONE: _____

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2017 AJAS TRUSTEE OF THE YEAR AWARD

This award is presented to an outstanding Trustee whose facility is a member of AJAS. The Trustee must have demonstrated a significant contribution to enriching the lives and well-being of Jewish elderly, displayed a personal commitment to the life of the organization, and provided outstanding leadership to the organization and the community at large. This Trustee will have fostered growth, change and vision through understanding of their organization's mission.

FOR THE 2017 AJAS TRUSTEE OF THE YEAR AWARD, I/WE NOMINATE:

NAME: _____

TITLE: _____

FACILITY: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

INSTRUCTIONS:

Attach a letter to this cover sheet describing why this person is deserving of the 2017 AJAS Trustee of the Year Award. Include additional information on the nominee that will help support your nomination—the person's affiliations, awards, publications, meritorious performance, membership in professional organizations or additional letters of recommendation. Your entire submission should not exceed seven (7) one-sided pages.

SUBMITTED BY: _____

NAME: _____

TITLE: _____

FACILITY: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

PHONE: _____

SUBMISSION DEADLINE: Monday, November 14, 2016

2017 AJAS PROFESSIONAL OF THE YEAR AWARD

This award is given to honor and recognize an outstanding AJAS professional (in administration, social work, nursing, marketing and/or development) whose facility is a member of AJAS. This individual reflects the highest standards of professional knowledge and expertise, shows exceptional leadership, and is highly respected by staff, residents and families served.

FOR THE 2017 AJAS PROFESSIONAL OF THE YEAR AWARD, I/WE NOMINATE:

NAME: _____

TITLE: _____

FACILITY: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

INSTRUCTIONS:

Attach a letter to this cover sheet describing why this person is deserving of the 2017 AJAS Professional of the Year Award. Include additional information on the nominee that will help support your nomination—the person's affiliations, awards, publications, meritorious performance, membership in professional organizations or additional letters of recommendation. Your entire submission should not exceed seven (7) one-sided pages.

SUBMITTED BY: _____

NAME: _____

TITLE: _____

FACILITY: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

PHONE: _____

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2017 AJAS JEWISH PROGRAMMING AWARD

This award recognizes Jewish programs developed and implemented by AJAS organizations which are innovative, creative and specifically designed to enhance the spiritual well-being of the older adults they serve.

FOR THE 2017 AJAS JEWISH PROGRAMMING AWARD, I/WE NOMINATE:

PROGRAM TITLE: _____

MAIN CONTACT NAME: _____

FACILITY: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

INSTRUCTIONS:

Attach to this cover sheet information about the Jewish program, including a description; how your organization developed and implemented it; the impact it had on your organization; and any other supporting information you think the awards committee will find helpful. Your entire submission should not exceed seven (7) one-sided pages.

SUBMITTED BY: _____

NAME: _____

TITLE: _____

FACILITY: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

PHONE: _____

SUBMISSION DEADLINE: Monday, November 14, 2016

2017 AJAS MENTOR OF THE YEAR AWARD

This award is given to recognize a long-time commitment to mentoring others and pay tribute to an individual who has demonstrated excellence in mentoring. The individual will be recognized as an exceptional leader in the field of aging. The AJAS Mentor of the Year should embody characteristics such as advisor, guide, advocate, organizer, teacher and friend.

FOR THE 2017 AJAS MENTOR OF THE YEAR AWARD, I/WE NOMINATE:

NAME: _____

TITLE: _____

FACILITY: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

INSTRUCTIONS:

Attach a letter to this cover sheet describing why this person is deserving of the 2017 AJAS Mentor of the Year Award. Include additional information on the nominee that will help support your nomination—the person's affiliations, awards, publications, meritorious performance, membership in professional organizations or additional letters of recommendation. Your entire submission should not exceed seven (7) one-sided pages.

SUBMITTED BY: _____

NAME: _____

TITLE: _____

FACILITY: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

PHONE: _____

SUBMISSION DEADLINE: Monday, November 14, 2016

Association of Jewish Aging Services
202-543-7500
www.ajas.org

2017 AJAS HUMANITARIAN OF THE YEAR AWARD

This unique award was established by the AJAS President/CEO and Chair of the Board of Directors and is presented to an outstanding individual who is currently an employee of a member organization of AJAS. This award is an opportunity to pay tribute to an individual who has made a significant contribution by enriching the lives and well-being of Jewish older adults, demonstrated a personal commitment to their organization, or displayed unusual courage and compassion to meet the needs of their Jewish eldercare community. The nominee will have fostered growth and/or change by going beyond the call of duty or performing an extraordinary deed.

FOR THE 2017 AJAS HUMANITARIAN OF THE YEAR AWARD, I/WE NOMINATE:

NAME: _____

TITLE: _____

FACILITY: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

INSTRUCTIONS:

Attach a letter to this cover sheet describing why this person is deserving of the 2017 AJAS Humanitarian of the Year Award. Include additional information on the nominee that will help support your nomination—the person's affiliations, awards, publications, meritorious performance, membership in professional organizations or additional letters of recommendation. Your entire submission packet should not exceed seven (7) one-sided pages.

SUBMITTED BY: _____

NAME: _____

TITLE: _____

FACILITY: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

PHONE: _____

SUBMISSION DEADLINE: Monday, November 14, 2016