



State of Illinois  
Illinois Department on Aging



## NOMINATION FORM

The **Senior Illinoisan Hall of Fame**, exclusively for adults age 65 and older, is open to those who excel in one of four categories.

Eligibility is based on the nominee's past and present accomplishments. The candidate must be a current Illinois resident or a former resident who lived in Illinois the majority of his or her life. Posthumous nominees will also be considered.

Illinois Department on Aging staff will thoroughly review all applications and ultimately submit no more than 44 finalists in each category to the judges. The Judges will select one individual in each of the four categories for induction into the 2022 Hall of Fame.

**Category (check one):**

☐ Community Service      ☐ Education      ☐ Performance and/or Graphic Arts      ☐ Labor Force

**Name of Nominee:**

**Address:**

**Phone:** (      )

**Age:**

**Nominations must be postmarked or faxed by June 1, 2022, to be considered.**

**Please review the entire application before completing the criteria.**

The nominee must be age **65 or older** (posthumous nominees will also be considered) to be eligible for the Senior Illinoisan Hall of Fame. If more space is needed, please attach a Word document or text document clearly marking the continuation. The nominator may also attach digital newspaper articles, digital photographs or letters of recommendation when submitting this form to support the nomination (no more than eight total attachments, please). **At least one photograph of the nominee must accompany the application. Nominators are expected to be the sponsor of the Senior Awardee and are to assist the Illinois Department on Aging with the Award Ceremony.** If you have questions, please call the Illinois Department on Aging's Senior HelpLine at 1-800-252-8966; 1-888-206-1327 (TTY). Email this form and all attachments to: [Purnell.BordersIII@illinois.gov](mailto:Purnell.BordersIII@illinois.gov)

1. **Thoroughly describe contributions the nominee has made in the specified category.**

2. Describe any voluntary contributions to society; at senior centers, retirement facilities, hospitals, schools, churches; working with specific organizations or clubs; or through independent charitable activities.
3. List programs or activities the nominee has implemented to improve the quality of life for others.

4. List previous public recognition honors earned by the nominee.

5. Other comments.

**Nominator's Name:**

**Street Address:**

**City, State, Zip**

**Phone:**

**Mail to:** Illinois Department on Aging  
Division of Community Relations and Outreach  
One Natural Resources Way, #100  
Springfield, Illinois 62702-1271

**Fax to:** 217-524-6968

**Email to:** [Purnell.BordersIII@illinois.gov](mailto:Purnell.BordersIII@illinois.gov)

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and federal statutes. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call the Senior HelpLine at 1-800-252-8966 (Voice), 1-888-206-1327 (TTY).