

SENIOR SERVICE AWARD RECOMMENDATION FORM

Candidate's Name: _____

Is the candidate at least 65? Yes _____ No _____

RECOMMENDED BY: _____
(Your Name)

Basis for Award (see attached criteria) - Briefly indicate in the space below the major service (i.e. contribution) rendered or other basis which you believe qualifies the candidate for the award. If possible, include related time frame:

Other Information - Briefly indicate in the space below the candidate's other activities which you think the committee should consider and the related time frame:

(For Committee Use Only)

Award Approved: Yes _____ or No _____ Date of Action: _____

Committee Person Assigned: _____

Date Award Scheduled For Presentation: _____