

A lifetime of contribution. The honour of recognition.

The Newfoundland and Labrador Seniors of Distinction Awards recognize and celebrate the contributions, achievements and diversity of seniors throughout Newfoundland and Labrador.

### Who can I nominate?

- Nominee must be 50 years of age or older.
- Nominee must be a current or past resident of Newfoundland and Labrador.
- Past or present public officials are eligible for nomination.
- Self nominations are not accepted.
- Voluntary or paid work is accepted.
- Posthumous awards may be given.

### Who should be nominated?

It is important to recognize the many contributions people make throughout their lifetime. We invite you to nominate people who have enriched our social, cultural and/or community life – people who have contributed to our well-being at the local, provincial, national and/or international level.

### Who can nominate?

Nominations can be submitted by an individual, group or organization.

### How do I nominate?

Enclose all of the following:

1. Nominator Information (including signature)
2. Nominee Information (including signature)
3. Reasons for Nomination
4. Two (2) Letters of Support (including signature)
5. Additional Information (if desired)

### How are the award recipients selected?

A Selection Committee will review the nominations and make recommendations to the Minister of Children, Seniors and Social Development.

### How can I get further information?

Contact the Seniors and Aging Division  
Department of Children, Seniors and Social Development

Email: [seniorsofdistinction@gov.nl.ca](mailto:seniorsofdistinction@gov.nl.ca)

Website: <http://www.cssd.gov.nl.ca/>

Tel: 1-888-494-2266 (toll free)

Fax: 709-729-6103

### Reasons for Nomination

Please include a brief summary of the reasons why you believe this person should receive the Newfoundland and Labrador Seniors of Distinction Award, including his/her accomplishments and contributions. More specifically, please summarize (1) the contributions made to social, cultural and/or community life; and (2) the impact of these contributions.

### Letters of Support

Letters should indicate the name of the nominee, and should be from individuals other than the person who is nominating. Letters should be signed and include full contact information.

### Additional Information

You may include information such as additional letters of support, photographs, news stories or tributes.

**Nominations must be received  
by April 30, 2017\***

If you require support in completing a submission, assistance will gladly be provided by the Seniors and Aging Division. Please call toll free 1-888-494-2266.

### Send the completed submission to:

Selection Committee  
Seniors of Distinction Awards  
c/o Seniors and Aging Division  
Department of Children, Seniors and Social Development  
Confederation Building  
P.O. Box 8700  
St. John's, NL A1B 4J6

Email: [seniorsofdistinction@gov.nl.ca](mailto:seniorsofdistinction@gov.nl.ca)

Fax: 709-729-6103

**Nominator Information**

Please provide information on the person, group and/or organization submitting the nomination.

Mr.  Mrs.  Ms.  Miss  Other Title  \_\_\_\_\_

Name \_\_\_\_\_

Group/Organization (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

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I confirm that the information and supporting documentation contained in this nomination package are correct to the best of my knowledge, information and belief.

Nominator's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Nominee Information

Please provide information about the senior you wish to nominate.

Mr.  Mrs.  Ms.  Miss  Other Title  \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Community of Residence \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

I consent to stand for nomination and to participate in the Seniors of Distinction Awards. My name, photo and any personal information contained in this nomination form and supporting documentation may be used in any internal and external communication that will showcase the nominees and/or recipients of the award. I understand that my telephone number, postal and e-mail addresses will not be disclosed in any such communication.

I also confirm that the information and supporting documentation contained in this nomination package are correct to the best of my knowledge, information and belief.

Nominee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: If the nominee is deceased, please contact the Seniors and Aging Division for a special consent form.