Iowa Department on AGING

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2015 BETTY GRANDQUIST LIFETIME ACHIEVEMENT AWARD NOMINATION FORM

Nominator

Name: _____ Relationship to Nominee: _____

Title: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Nominee

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

On a separate page, please describe why you feel this nominee should be presented with the 2015 Betty Grandquist Lifetime Achievement Award. Please limit your response to 750 words and include a description of the following:

- Nominee's major achievements in the fields of aging and/or disability;
- Length and impact of nominee's service to older Iowans and/or Iowans with disabilities; and
- Nominee's personal/professional strengths.

Please mail this form, along with two letters of support from groups or individuals who work with the aging and/or disability communities and can qualify the significance of the nominee's contributions, to:

Iowa Department on Aging
c/o Erin Kurth, Public Information Officer
510 E 12th St., Ste. 2
Des Moines, IA 50319-9025

Nominations must be postmarked by July 15, 2015, in order to be considered.

Questions may be directed to Erin Kurth at 800.532.3213 or 515.725.3304, or erin.kurth@iowa.gov.