

Senior Arkansans Hall of Fame

ESTABLISHED BY THE
ARKANSAS GENERAL ASSEMBLY IN 1991
TO RECOGNIZE OUTSTANDING OLDER ARKANSANS

2024
NOMINATION
FORM



Division of Aging, Adult, and Behavioral Health Services



The Senior Arkansans Hall of Fame

The Senior Arkansans Hall of Fame was created by the 78th General Assembly to honor the significant contributions of older Arkansans. As stipulated in Act 1218 of 1991, the Senior Arkansans Hall of Fame is administered by the Division of Aging, Adult and Behavioral Health Services of the Department of Human Services. The selection process is conducted with assistance from the Arkansas Area Agencies on Aging. The final selection committee consists of representatives of the two Aging Legislative committees, the Arkansas Gerontological Society, and the Governor’s Advisory Council on Aging.

Nominating Procedures

Nominations to the Senior Arkansans Hall of Fame for 2024 must be submitted no later than June 3, 2024 to the Executive Director of the Area Agency on Aging serving the region of the nominee’s residence at the time of nomination. All requested information must be provided. Nominations containing more than six additional sheets will not be considered. Information in the Nomination Form will be verified by the Area Agency on Aging and forwarded to the Division of Aging, Adult & Behavioral Health Services. The Division forwards the nominations to the selection committee for scoring.

Senior Arkansans will be selected for induction into the Senior Arkansans Hall of Fame for 2024. The induction ceremony will be at 6:00 p.m. on Wednesday, August 14, 2024 at the Wyndham Riverfront Hotel, North Little Rock, Arkansas.

Criteria for Selection

To be considered for selection to the Senior Arkansans Hall of Fame, nominees shall:

- ◇ be a citizen of the State of Arkansas,
- ◇ be at least 60 years of age or older at the time of nomination, and
- ◇ have performed outstanding contributions or services, which have promoted, enhanced, and enriched the quality of life for citizens of Arkansas, especially Senior Arkansans.

Arkansas Area Agencies on Aging

Region I – AAA of Northwest Arkansas 1-800-432-9721	Region V – Care Link, Central Arkansas AAA 1-800-482-6359
Region II – White River AAA 1-800-382-3205	Region VI – AAA of West Central Arkansas 1-800-467-2170
Region III – East Arkansas AAA 1-800-467-3278	Region VII – AAA of Southwest Arkansas 1-800-272-2127
Region IV – AAA of Southeast Arkansas 1-800-264-3260	Region VIII – AAA of Western Arkansas 1-800-320-6667

2024 Nomination Form

(Please type or print)

Name _____ Date of Birth _____

Mailing Address _____ Telephone _____

City _____ AR Zip _____ County _____

Nominator: Please review all information/instructions carefully before submitting your nomination.

- ◇ Document Nominee's significant activities.
- ◇ No more than six (6) additional sheets may be attached to this form. If more than six (6) sheets are attached, the nomination will not be considered.
- ◇ Please do not submit original documents or documents with printing on both front and back.

Volunteer Work Performed

Please List All Organizations

Involvement in Professional Organizations

Other

Statement of Nomination

Describe concisely the significant contributions made by the nominee to enhance the quality of life for older Arkansans which would qualify the nominee for selection into the Senior Arkansans Hall of Fame. **Only activities performed by the nominee after reaching the age of 60 should be included on this form.** Refer to the criteria for selection on back of this form. No more than a total of six (6) additional sheets may be attached to this application. (No front and back copies)

Name of Person Submitting Nomination

(please print or type)

Name: _____ PH: _____

Address: _____

City: _____ State: _____ Zip code: _____

Signature: _____ Date: _____

*Nominator: Please submit original Nomination Form and any attachments to your local AAA office no later than **June 3, 2024**. If you have not received notification of receipt of this form within five (5) days of submission, please call your local Area Agency on Aging. A list of Area Agencies on Aging and their telephone numbers are on this form for your convenience.*