



# NOMINATION FORM

*Recognize the staff who work diligently  
to make each of your days  
the best possible!*

You must be a resident, client, family member or staff member of the LeadingAge Ohio member to submit a nomination. Only non-management staff is eligible for this award. Limit of six (6) Stars per organization.

**Please print or type.**

**Date:** \_\_\_\_\_

Stars Nominee:	Select District: <input type="checkbox"/> Northeast <input type="checkbox"/> South/Southwest <input type="checkbox"/> East/Mideast <input type="checkbox"/> Northwest <input type="checkbox"/> Central/Southeast
Nominator:	
Organization:	
Email:	Phone Number:
How do you know the Nominee?	
Complete and return this form to the Event Coordinator at your organization by:	

**Please print legibly or type.**

Using 100 words or less, please share why this person should be honored as a LeadingAge Ohio Star:

---

---

---

---

---

---

---

---

---

---

*Please make certain that the HR Director within your organization is aware of the Star nomination prior to submission.*