**Community Service Senior Awards**

***\*It is preferred that all information be typed\****

*Nominees must demonstrate a solid history of at least five years of quality service to seniors in human services or any field that positively impacts the life of an older adult, either in a paid position or as a volunteer.*

* Nominee can be of any age.
* Special consideration given to those involved in innovative programming.
* May not nominate himself or herself or be a member of nominator’s immediate family.

**NOMINEE**

**Name:** Yvonne Hughes

**Address:** 3206 Mantua Ave, Apt 1 Philadelphia, PA 19104

**Telephone Number:** 215-966-9614

**Email Address:** marvon22253@gmail.com

**Nominee works with the following organizations:** Not Your Fault, Scope, Vice Chair of Mayor’s Commissioner for People with Disabilities, PA SILK, College of Public Health Community Advisory Panel, Bridgeway Community Outreach Organization, Community Collaborative Collective (CCC)

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**PERSON SUBMITTING NOMINEE**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Nomination** **Total Years of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Be specific re: location, environment, communities, and populations served by the nominee. Please attach supporting documentation, if available. Use the back of form, if necessary.)*

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**Biographical and/or anecdotal information about nominee**

*(Include information regarding family life, obstacles nominee overcame to achieve success, special interests or hobbies, and any other information that may support the nomination.)*

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**Return no later than Friday, March 1, 2024 to:**

**Lissette Sarfraz, PCA Community Engagement 642 N. Broad Street, Philadelphia, PA 19130**

**Email: Lissette.Sarfraz@pcacares.org**