



Real People. Real Possibilities.

Recreation and  
Parks Department

City of Hilliard Senior Center  
3810 Veterans Memorial Dr.  
Hilliard, Ohio 43026  
(614) 876-0747

# Hilliard Senior Citizen Hall of Fame

## Nomination Form

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### Eligibility

#### Nominees must be

- 55 or older and may be an individual or couple. Submit one nomination giving information on both individuals.
- Must currently live within the boundaries of the Hilliard City School District AND must have lived within the district for at least the past five years.

#### Exception 1

If the nominee has lived in Hilliard school district for five or more years before nomination but is currently living in an assisted living or extended care facility, or other facility outside Hilliard school district for reasons of health or income, the person is eligible for nomination.

#### Exception 2

If the nominee has been a long-term resident of the community (20 or more years) and had to relocate after making a significant impact in the community during residency.

#### Exception 3

If you feel your candidate does not fit into one of these categories, please reach out to us.

- The nominee cannot currently hold an elected public office.
- Candidates may be nominated posthumously.

### Guidelines

- Nominations may be made by an individual or organization.
- Nominations are considered for a five-year period and may be resubmitted for consideration on the sixth year without a waiting period.
- Inductees are chosen for their lifetime of service and achievements as well as how they represent a positive image of aging. Selection is NOT based on the number of nominations received.
- Recognize nominee for their unpaid efforts (not a job).
- Please be as detailed as possible. Your information is the basis for the selection.
- Please encourage others who know your candidate to send in additional information.

Nominations must be received at the City of Hilliard Senior Center. Decisions will be made on June 23.

**3810 Veterans Memorial Drive  
Hilliard, Ohio 43026**

For more information contact us at (614) 876-0747 or check online at <https://hilliardohio.gov/senior-citizen-hall-of-fame/>



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## Nomination Form | Information

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Please fill out the form below in its entirety and answer the questions on the next page. If you have any questions regarding the application, you may contact us at **(614) 876-0747**.

You can also fill out the form online by going to our website <https://hilliardohio.gov/senior-citizen-hall-of-fame/>

### Nominee Information

Nominee's (or Couple's) Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Family Contact #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_ Email Address: \_\_\_\_\_

Nominee is:  Living  Deceased

Age(s): \_\_\_\_\_ Gender:  Male  Female

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### Person Submitting Nomination

Nominated by: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

