

MALE — 2021 Outstanding Senior Citizen Award Minnesota State Fair Nomination Form

*Sponsored by the Minnesota State Fair, the Minnesota State Fair Foundation
and the Minnesota Federation of County Fairs*

COUNTY NAME: _____

This form and information on this award program is located on our website at:
www.mnstatefair.org/competitions/awards-and-recognition/ .

List what the nominee (**age 70 by June 1 or older**) does for others in your organization or community after reaching the **age of 65**. Feel free to discuss your nomination with this person and collect needed volunteer activity information.

Send the information to the local county fair by county fair date: _____

Winners will be selected and recognized at the local county fair. They will then be entered into the State Outstanding Senior Citizen Award competition. Outstanding seniors will be recognized for their service at the award ceremony at the State Fairgrounds.

Male Nominee Name:	Date of Birth:	Nominated by:
Address:		Address:
Home Phone: _____		Home Phone: _____
Work Phone: _____		Work Phone: _____

How do you know the nominee? _____

What was the nominee's occupation before age 65? _____

Signature: _____ Date: _____

Complete this form and mail it to the nominated senior's county fair contact. Information available by contacting Tiffany Gustin of MN Federation of County Fairs at mfcf.tiffany@gmail.com

FEMALE — 2021 Outstanding Senior Citizen Award Minnesota State Fair Nomination Form

*Sponsored by the Minnesota State Fair, the Minnesota State Fair Foundation
and the Minnesota Federation of County Fairs*

COUNTY NAME: _____

This form and information on this award program is located on our website at:
www.mnstatefair.org/competitions/awards-and-recognition/ .

List what the nominee (**age 70 by June 1 or older**) does for others in your organization or community after reaching the **age of 65**. Feel free to discuss your nomination with this person and collect needed volunteer activity information.

Send the information to the local county fair by county fair date: _____

Winners will be selected and recognized at the local county fair. They will then be entered into the State Outstanding Senior Citizen Award competition. Outstanding seniors will be recognized for their service at the award ceremony at the State Fairgrounds.

Female Nominee Name:	Date of Birth:	Nominated by:
Address:		Address:
Home Phone: _____		Home Phone: _____
Work Phone: _____		Work Phone: _____

How do you know the nominee? _____

What was the nominee's occupation before age 65? _____

Signature: _____ Date: _____

Complete this form and mail it to the nominated senior's county fair contact. Information available by contacting Tiffany Gustin of MN Federation of County Fairs at mfcf.tiffany@gmail.com

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(Please make a copy of these three forms — use one for the female nominee and one for the male nominee. Copy additional pages as needed.)

Name of Nominee _____

Volunteer Activities

List the volunteer activities and benefits to the community/organization:

Volunteer activity/organization: _____

Activity or responsibility: _____

Time commitment: _____

Benefit to the community: _____

Volunteer activity/organization: _____

Activity or responsibility: _____

Time commitment: _____

Benefit to the community: _____

Volunteer activity/organization: _____

Activity or responsibility: _____

Time commitment: _____

Benefit to the community: _____

Volunteer activity/organization: _____

Activity or responsibility: _____

Time commitment: _____

Benefit to the community: _____

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Name of Nominee _____

Volunteer activity/organization: _____

Activity or responsibility: _____

Time commitment: _____

Benefit to the community: _____

Community Memberships

Tell us about community organizations or committees she/he belongs to. Be sure to list any positions or offices held by the nominee within these organizations.

Organization

Responsibilities

Time Spent

Service Awards

List outstanding accomplishments, awards or honors she/he has received *after reaching age 65.*

Award

Year Received
