

**2024 Mary Louise Christine  
Outstanding Senior Citizen of Warren County**

**NOMINATION FORM**

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**Name of Nominee for Outstanding Senior:** \_\_\_\_\_

(PLEASE PRINT)

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

**\*Name & Address of Person and/or Nominating Organization/Agency:**

\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

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

**\*Please note: You (or a representative from the nominating agency/organization) will be asked to attend the awards ceremony for the individual(s) you nominated.**

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**RATIONALE**

Describe why this individual is being nominated for the award. Please outline all known civic and community involvements including volunteer, charity or any other activity, which distinguishes this person as an outstanding senior citizen. Information you provide will be used in the selection process. **Please be as specific as possible and use additional pages to list all accomplishments and activities. Please limit any additional narrative to 500 words.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criteria for the M.L. Christine Outstanding Senior Citizen of Warren County is attached.

**NOMINATIONS DUE BY:**     **Monday, April 1, 2024**

**Return to:**     Warren County Division of Aging & Disability Services  
Wayne Dumont, Jr. Administration Building  
165 County Rd. 519  
Belvidere, NJ 07823-1949  
FAX: 908-475-6588