

Older Adult of the Year Nomination Form 2025

MANITOBA Healthy Aging Awards

Celebrate older Manitobans who are making outstanding contributions in our communities.

This form, completed in its entirety, must be received by **Monday, August 4, 2025**.

After you download your pdf form, complete the form and send it:

Email form to:

SeniorsBranch@gov.mb.ca

or

Mail to:

**The Division of Seniors
and Long-Term Care,**

300 Carlton St, Winnipeg, MB R3B 3M9

JUDGING

A committee will review all of the nominations and assist in the selection of the award recipients.

NOTE: You may nominate yourself or someone else, but you may only submit a nomination in ONE category. Make sure you are completing the correct form.

OLDER ADULT OF THE YEAR

The Older Adult of the Year award recognizes Manitobans aged 65 and older who demonstrate outstanding leadership in supporting and advocating for older adults to age safely and healthily in their communities. This award celebrates those who have dedicated themselves to advocating for preventative supports and services that enable older adults to age in their homes and communities longer. Award winners embody the spirit of healthy aging, resilience, and community engagement.

ELIGIBILITY CRITERIA

- a Manitoba resident 65 years of age or older
- advocates for preventative health measures through writing, community organizing, public speaking or other mediums
- makes an impact on community health through initiatives, programs and/or educational efforts
- Voluntary contributions must have been made in Manitoba
- voluntary contributions must have been made when the individual was 65 years old or older
- nominations will not be accepted for elected federal, provincial or municipal representatives or whose activity is related to a position as a political appointee

Nomination Information

Are you nominating yourself or another person? *(Please check one)*

Myself

Another Person

Nominee Information

Salutation (optional): *(Dr, Honourable, Sargent, Reverend, Elder, Mr, Mrs, Ms, Miss, etc.)*

First Name:

Last Name:

Region in which nominee lives:

Southern

Interlake-Eastern

Northern

Westman & Parklands

Winnipeg

Address:

Postal Code:

Phone Number:

Email:

Date of Birth:

Number of years involved in your community activities:

Preferred Language of Communication:

English

French

Nominator's Information *(Person submitting the nomination)*

Same as above

If different — complete the following:

Salutation (optional): *(Dr, Honourable, Sargent, Reverend, Elder, Mr, Mrs, Ms, Miss, etc.)*

First Name:

Last Name:

Address:

Postal Code:

Phone Number:

Email:

Date of Birth:

Preferred Language of Communication:

English

French

Achievement Description

- 1. Provide a brief description of the nominee's involvement in advocating for preventative health measures that enable older adults to age in their homes and communities. (3-4 sentences)**
- 2. Describes what has been specifically challenging for community members to age in their homes and community and how these challenges have been address or reduced by the nominee's contribution through community engagement, advocacy, and community organization and other accomplishments. (6-8 sentences)**
- 3. Describe how community members and organizations have responded to the nominee's efforts to promote advocacy, community engagement, and aging at home and in community. (3-5 sentences)**

4. How has the nominee's personal advocacy and community engagement for preventative health measures inspired others in the community? (5-7 sentences)

5. Why does the nominee deserve to be recognized? (3-5 sentences)

Supporting Material

Supporting documents enhance the nomination by providing relevant additional information and examples that demonstrate your nominee's achievement(s). Examples may include testimonials, media articles, certificates, etc.

1. Supporting Material *(Provide a short description of the material here.)*

2. Supporting Material

Declaration

The Manitoba government is committed to ensuring the privacy of your personal information. The personal information collected is used solely for the purpose of the Awards Committee and resulting activities.

I confirm my nominee meets the eligible requirements and hereby declare that all the information provided in this application is true and accurate in every respect.

Email form to:

SeniorsBranch@gov.mb.ca

or

Mail to:

The Division of Seniors and Long-Term Care,
300 Carlton St, Winnipeg, MB R3B 3M9