



Nā Kūpuna O Kaua'i – Legacy of Aloha
PO BOX 1659
KAPAA, HI 96746
Nomination Form

About the Organization

At Nā Kūpuna O Kaua'i – Legacy of Aloha, we empower, perpetuate, and honor the lives of nā kūpuna on Kaua'i. Rooted in generational knowledge and shared wisdom, we commit to creating memorable and immeasurable experiences for nā kūpuna and their ohana.

Purpose of This Nomination

We invite you to nominate a kūpuna whose life embodies the spirit of our mission — one who **inspires, uplifts, and preserves the rich heritage and wisdom of our community.**

Nominee Information

Full Name: _____

Phone Number: _____

Email Address (if available): _____

Nomination Questions (Please share specific examples or stories.)

1. How has the nominee demonstrated leadership or contributed to preserving generational knowledge and wisdom?

2. In what ways has the nominee empowered or supported the community or their ohana?

3. How does the nominee inspire others through their actions, values, or teachings?

4. Please share any other reasons why you believe this kupuna should be honored, including mo'olelo, values, or contributions to the kaiāulu (community).

5. Why did you choose this kupuna for nomination, and how do you believe they embody and can share their Legacy of Aloha?

6. In what ways do you feel this kupuna (elder) expresses the spirit of Aloha?

7. Additional Information(optional)

Additional Information *(Optional)*

Attach or send any photos, letters of support, or other materials that help tell the nominee's story to Kauailegacyofaloha@gmail.com or mail to P.O. Box 1659, Kapaa HI 96746.

Nominator Information

Your Full Name: _____

Relationship to Nominee: _____

Phone Number: _____

Email Address: _____

Consent: By submitting this nomination, you confirm that the nominee is aware of this nomination and consents to participate in any related recognition activities.