



Dr. Nathan Tucker Award of Excellence in Mount Gilead

Nominee Information

Name: _____

Address: _____

Describe in 300 words or less, the Nominee’s activities and contributions to Mount Gilead which have led to the betterment and blessings of our Village. These are individuals who care about others and go above and beyond to make Mount Gilead a great place to live. Please attach an additional paper if necessary. Nominations must be postmarked by June 7, 2019.

_____ (use back of form if necessary)

Nominator Information

Name: _____

Address: _____

Best to reach Phone #: _____ Day or Evening

(Please mail to the Village of Mount Gilead- Award, 72 W. High St., Mount Gilead, OH 43338)

or E –Mail to administrator@mountgilead.net