

Celebrating Grant County Seniors

Nomination Form

DATE _____

I would like to nominate: _____

This is based on:

(Please check one, on other please specify)

Volunteer____ ***A Personal or Mentoring of another person***_____

An Act of Kindness____ ***Personal Triumph***_____ ***OTHER***_____

My Nomination of this person is based on: _____

Your Name: _____

Phone Number: _____

Person your nominating: _____

Their Address: _____

Their Phone Number: _____

Please submit your nomination forms to the Senior Center, 503 South Gallatin, Marion, Indiana 46953
or the Chronicle, 610 South Adams, Marion, Indiana 46953