



Rose Allan Tucker Award 2014 Nomination Form

MATERNAL AND FAMILY HEALTH SERVICES

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|--|---------|
| Name of Nominee: | |
| Title and Company/Organization: | |
| Address: | |
| Telephone: | E-mail: |
| Tell us about your nominee: Please answer the following as thoroughly as possible, using additional paper if necessary. The more complete and specific the information provided, the more useful it will be for selecting the best candidate for this prestigious award. | |
| 1. Please explain the nominee's major contributions to the community, providing details on how these efforts improve the quality of life in the MFHS service area. | |
| 2. Please describe the nominee's specific achievements which have had a positive impact on the lives of women, children and families. | |
| 3. Please explain why you believe this individual deserves the Rose Allan Tucker Award. | |

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|-------------------------|---------|
| Nominated by: | |
| Company: | |
| Address: | |
| Telephone: | E-mail: |
| Signature of Nominator: | Date: |

Submit completed form by **September 20, 2014**, to:
Maternal and Family Health Services, Inc.
Rose Allan Tucker Award
15 Public Square - Suite 600
Wilkes-Barre, PA 18701