



2019 NOMINATION FORM

Complete and submit this form for the individual (no group nominations will be accepted) you are nominating, along with a one page description of your nominee's leadership qualities and volunteer service. All nomination packages become the property of the *Wetaskiwin and Area Leaders of Tomorrow Awards Program* and may be used for promotional purposes.

Nominator Information

Name of Organization/Individual: _____
Contact Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone: _____
E-mail: _____

Nominator Check-list:

- Attached one page document telling us what it is about the nominee that inspired your nomination. Within this document, please answer the following questions:
 - What is the single most important reason you are nominating this individual?
 - How does then nominee motivate others?
 - What leadership skills does the nominee display that makes them stand out from their peers?
 - What are the most important characteristics of the nominee?
- All sections of this form are complete, including the Nominee's guardian or the Nominee (if 18+) have signed the form
- You have spoken to the nominee about why you nominated them and informed them that they will be contacted to provide additional information. All of the information received (both from the Nominator and Nominee) will be utilized by the Selection Committee to choose one award representative from each age category.

Nominee Information

Name of Nominee: _____
Parent/Guardian Name (if under 18): _____
Address: _____
City: _____ Postal Code: _____
Telephone: _____
Nominee E-mail: _____

Age category as of December 31, 2018:

- 8 - 11 years
- 12 - 14 years
- 15 - 17 years
- 18 - 21 years

Date of Birth (M/D/Y): _____ Age: _____

Parent/Legal Guardian or Nominee Consent

I agree to allow my child/myself to be nominated for this award. I confirm the information attached is accurate. This information is subject to the disclosure provisions described in the *Freedom of Information and Protection of Privacy Act*. I consent to releasing this information to the Wetaskiwin and Area *Leaders of Tomorrow* Committee and the corresponding Selection Committee. I also consent to having my child's/my information (name, age, school, summary of achievement, and/or photographs) published for the Award Ceremony, leadership opportunity, and/or promotions.

Nominee's Guardian or Nominee (if age 18+):
Print Name: _____
Signature: _____
Date: _____

Nomination Deadline: All components of application must be RECEIVED by **4:30 P.M. February 21, 2019.**

Application packages can be received by: Fax, mail, e-mail, or hand delivered to:

Address:
Wetaskiwin and Area Leaders of Tomorrow Awards
c/o Wetaskiwin Regional Public Schools District Office
5515-47A Avenue
Wetaskiwin, AB T9A 3S3

Fax: (780) 352-7886
E-mail: lynn.croft@wrps11.ca

For additional information call Lynn Croft at: Office 780-352-6018 OR Home 780-352-7708