



Council of Federation Literacy Award Nomination Form

NOMINEE:

(Please type or print clearly)

Name: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Email: _____

I agree to be nominated for the Council of Federation Literacy Award. The information provided is accurate and I consent to the use of this information by the Government of Nunavut and the Council of the Federation Literacy Award Selection Committee for the purpose of evaluating and selecting award recipients. If I receive the award, I also consent to having my name, age, hamlet, summary of achievements, and photograph released to the media and included in government publications for publicity purposes associated with the award.

Signature of Nominee

NOMINATOR:

(Please type or print clearly)

Name: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Email: _____

Signature of Nominator

