

ASSOCIATES Recipient Nomination Form

Please fill out the form below and include a letter of recommendation no longer than 2 pages, outlining the reasons for nomination and how the criteria of selection are met by the nominee(s).

Nomination Form

Individual Nominee's name: _____(Required)

Email and/or Phone: _____(Required)

Nominator's name: _____ Email: _____

Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Phone: _____

- We may contact you for information or clarification regarding your nomination.
- The information collected through the application process will be used only to determine the recipient of the Associate degree.

Nominator's Signature: _____ Date: _____