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| TransParent-Board-Logo  **THE NIAGARA CATHOLIC EDUCATION AWARD**  **OF DISTINCTION NOMINATION FORM**  **FOR THE YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

***This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of The Education Act., and will be used to identify nominees for The Niagara Catholic Education Award of Distinction.***

***Questions about this collection should be directed to Frank Iannantuono, Superintendent of Education,***

***Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario, L3C 7C1 905-735-0240***

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| --- | --- | --- | --- |
| **NOMINEE** |  | | |
| FIRST NAME | | LAST NAME | GROUP NAME (if applicable) |
| STREET ADDRESS | | | |
| CITY | | POSTAL CODE | TELEPHONE |

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| --- | --- | --- |
| **NOMINATED BY** |  | |
| FULL NAME | | PHONE NUMBER |
| ADDRESS | | SIGNATURE |
| See Contribution to Catholic Education form to be completed on reverse | | |

**ENDORSED BY**

FULL NAME

PHONE NUMBER

**1**

ADDRESS

SIGNATURE

FULL NAME PHONE NUMBER

**2**

ADDRESS

SIGNATURE

FULL NAME PHONE NUMBER

**3**

ADDRESS

SIGNATURE

**DATE OF SUBMISSION**

**TO BE FORWARDED TO THE COMMUNICATIONS OFFICE**

**NO LATER THAN**

**CONTRIBUTION TO CATHOLIC EDUCATION FORM**

*(not to exceed one page)*

DATE RECEIVED: ----------------- RECEIVED BY : ------------------