

Nomination Guidelines

Please include the following information to support your information:

Reasons for nominating this individual:

This section should include a brief summary indicating how long you have known the nominee and the reasons why you believe that this person should be named as a recipient of the: **“Wayne Earle Community Service Award”**

Biography

As well as providing a background or history of the nominee, this section should describe the nominee’s accomplishments and the contributions of their achievements to Labrador municipalities and its residents.

Letters of Support

This section should include written supports from at least two additional people who can attest to the achievements of the nominee.

Additional Material

You may include supporting material such as additional letters of support, publications, media stories or tributes. Please limit the additional information.

Send your completed form and supporting materials to:

Wayne Earle Community Service Award
c/o Combined Councils of Labrador
P.O. Box 1035, Stn. C
Happy Valley – Goose Bay, NL
A0P 1C0
Fax: (709) 896-3512

This information will be kept confidential unless and until the person you are nominating is selected.

**Your nomination must be received by
January 11, 2011**

Who is on the Wayne Earle Community Service Award Selection Committee?

- Member of Wayne Earle’s Family
- President, Combined Councils of Labrador
- Yvonne Jones, MHA
Cartwright - L’anse au Clair
- Sheila Downer, Community Representative

For further information, please contact:

Combined Councils  of Labrador
www.combinedcouncils.ca

P.O. Box 1035, Stn. C
Happy Valley – Goose Bay, NL
A0P 1C0
Tel: (709) 896-3512
Fax: (709) 896-3516
Toll Free: 1-866-895-8989

Web: www.combinedcouncils.ca

Nomination Guidelines

Mr. / Mrs. / Ms. Miss / Dr.

Full Name

Candidate

Home Address

Postal Code

Telephone

Fax

Business Address

Postal Code

Telephone

Fax

Profession / Occupation

Date of Birth

Citizenship

Nominator

Mr. / Mrs. / Ms. Miss / Dr.

Full Name

Home Address

Postal Code

Telephone

Fax

Signature

Date

References - Persons who support this nomination

Mr. / Mrs. / Ms. Miss / Dr.

Name

Mr. / Mrs. / Ms. Miss / Dr.

Name

Address

Address

Postal Code

Postal Code

Telephone

Telephone