



2007 Nishnawbe Aski Nation Keewaywin Awards

Nomination Form

(Please type or write in BLOCK letters. Please provide a separate form for each nominee.)

Nominee

Mr. Mrs. Ms. Miss

Last Name _____ First Name _____

Please provide names as they should appear on plaques/certificates.

Nomination Category

Please choose one of the categories from the list. Please see attached awards criteria.

- NAN Youth Award
 NAN Woman Award
 NAN Elder Award
 Emile Nakogee Award

Nominee Personal Information¹

Home Address _____

City _____ Province _____ Postal Code _____

Tel. (H) (____) _____ Tel. (W) (____) _____ Fax (____) _____

Band Affiliation _____

Nominator

To be completed by either an individual nominator or a representative of a nominating group.

Last Name _____ First Name _____

Organization Represented _____

Address _____

City _____ Province _____ Postal Code _____

Tel. (H) (____) _____ Tel. (W) (____) _____ Fax (____) _____

E-mail Address _____

¹ Personal Information

All personal information collected in nominations is protected under the *Privacy Act*. It is used by Nishnawbe Aski Nation to process the nominations. Participation is voluntary. Information will be stored in our records until such time as the awards selection committee has approved the successful award recipients. Nominees may access, request correction of, or have a notation attached to the information about them by contacting NAN (see page 2).

Each award recipient's name are included in short biographies published for the media and on the NAN Web site.

Nomination Information

To be completed by either an individual nominator or a representative of a nominating group. Using the space provided below, please provide a brief citation indicating the most salient reason the nominee is qualified for the award.

Signatures

Signature of Nominator _____ Date _____

I, the nominee/guardian, affirm that all information contained in this nomination package is, to the best of my knowledge, complete and correct. I understand that if selected as the award-winning recipient, my name will be published for the media and I give my release for that purpose.

Signature of Nominee/Guardian _____ Date _____

For more information or assistance in completing your nomination, call toll free at 1-800-465-9952 and request to speak to Colleen Berry @ ext. 4902 or send an E-mail to cberry@nan.on.ca

Fax this nomination form to NAN @ 1-807-623-7730