

**CELEBRATING COMMUNITY, STUDENT, AND EMPLOYEE
EXCELLENCE
TRUSTEE TRIBUTE**

Nomination Form

Please refer to the criteria for the Trustee Tribute program.

NOMINEE(S)

Name(s):	Site location:	Position:	Phone number:

NOMINATOR

Name:	Position:
Site location:	Phone number:

Connection to the SCDSB: **COMMUNITY MEMBER** **STUDENT** **EMPLOYEE**

CRITERIA

- Development of initiatives that result in significant enrichment of the educational experience of students or colleagues or the advancement of public education while working on a special project or initiative.
- Receipt of local, provincial, national or international awards.

DETAILS OF THE OUTSTANDING CONTRIBUTION

Please provide the reasons for the nomination.

(Please attach additional information if desired)

Date of submission: _____

FORWARD THE COMPLETED NOMINATION FORM TO THE CHAIRPERSON OF THE BOARD
c/o THE EXECUTIVE ASSISTANT TO THE BOARD (email: jhenry@scdsb.on.ca).
1170 Hwy 26, Midhurst, ON L9X 1N6