

The Lieutenant Governor's Nova Scotia Francophonie Award Nomination Form



GOVERNMENT HOUSE

The person I am nominating is: Mr. Mrs. Ms. Miss Dr.

Other rank/title _____

Is the nominated person below the age of 25? Yes No

Last Name: _____ First Name: _____

Middle Name(s): _____ Date of Birth (dd/dd/yyyy): _____

Address: _____

City

Province

Postal Code

E-mail: _____ Telephone: _____

Category in which the person is being nominated:

- A Francophone;
- A Francophile (a person who is not a Francophone but who supports and promotes French language and/or culture);
- A Young Francophone OR Young Francophile (a person under the age of 25).

Nominees in the Francophone and Francophile categories must reside or have previously resided in Nova Scotia, and have within the last five years carried out initiatives which have benefited Nova Scotia's Francophone community.

Nominees in the Young Francophone and Young Francophile categories must be under the age of 25 at the time of nomination, reside or have resided in Nova Scotia, and have within the last five years contributed to initiatives which have benefited Nova Scotia's Francophone community.

Indicate the name of another resource who can support your nomination:

Supporter's Name: Mr. Mrs. Ms. Miss Dr.

Other rank/title _____

Last Name: _____ First Name: _____

Middle Name(s): _____ Date of Birth (dd/dd/yyyy): _____

Address: _____

City

Province

Postal Code

E-mail: _____ Telephone: _____

