



Carman Collegiate

Box 1510
Carman MB R0G 0J0
Phone (204) 745-2001
Fax (204) 745-6288

NOMINATION FORM

Name of Nominee: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____ City/Town: _____

Postal Code: _____

Category (circle one):

Academic Business Athletic Humanitarian Arts Builder

Years at Carman Collegiate: From _____ to _____

Graduating Class: _____

Name of Nominator: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____ City/Town: _____

Postal Code: _____

Relationship to Nominee: _____

NOMINATION CRITERIA:

1. To be nominated, people must be a graduate of Carman Collegiate or have completed a minimum of two years at Carman Collegiate. Extenuating circumstance must be included in the nomination as to why the nominee did not graduate from Carman Collegiate
2. All nominees must have graduated a minimum of five years ago.
3. Nomination papers must include 10 signatures or email addresses that are not immediate family members of the nominee. These must be adults and preferably graduates of Carman Collegiate.
4. Nomination papers must be signed by at least one current or former Carman Collegiate staff member.
5. The Nominee (or a family member if the nominee is deceased) must be contacted by the Nominator prior to handing in the Nomination Form. This must be followed by the Nominee (or a family member if the nominee is deceased) emailing or calling Mr. Jeffrey Latimer accepting their nomination. He can be reached by email at jlatimer@prsdmb.ca or by phone at Carman Collegiate 204-745-2001.

All nomination forms will be kept on file, and will be considered if the nominee is not selected in their first year of nomination.

Describe and list the outstanding achievements and contributions that the nominee has accomplished. (Degrees, Notable Awards, Championships, Volunteering, Charities, Contribution to the Arts, etc.) Please attach additional paper if more space is needed.



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The following non-family members recommend the nominee for inclusion into the Carman Collegiate Hall of Excellence. Please note that the names below must be adults and Carman Collegiate graduates or former staff members. The form must also be recommended by a current or former Carman Collegiate staff member.

1. Print Name: _____ Sig/Email: _____
2. Print Name: _____ Sig/Email: _____
3. Print Name: _____ Sig/Email: _____
4. Print Name: _____ Sig/Email: _____
5. Print Name: _____ Sig/Email: _____
6. Print Name: _____ Sig/Email: _____
7. Print Name: _____ Sig/Email: _____
8. Print Name: _____ Sig/Email: _____
9. Print Name: _____ Sig/Email: _____
10. Print Name: _____ Sig/Email: _____

Current or Past Carman Collegiate faculty member Sig/Email:

1. Print Name: _____ Sig/Email: _____

Note: If an individual is not able to provide a physical signature we request an email address be provided. In this situation we will contact the individual to confirm their support.

*APPLICATION DEADLINE IS MARCH 1 OF EACH SCHOOL YEAR
ALL COMPLETED APPLICATIONS MUST BE HANDED IN TO THE CARMAN COLLEGIATE OFFICE OR MAILED TO:
Carman Collegiate
Box 1510
121-4th Ave. S.E.
Carman MB R0G 0J0*