

# BRITISH COLUMBIA COMMUNITY ACHIEVEMENT AWARDS NOMINATION FORM

Please complete all four sections:

Nomination deadline: November 15

YOUR COMPLETED NOMINATION PACKAGE MUST INCLUDE:

1. Completed nomination form
2. Three letters: (maximum 500 words each)
  - A letter from the nominator giving the reasons for nomination.
  - Two letters of support for the BC Community Achievement award nomination from other individuals or organizations that describe the value and impact of the contributions of the individual.
3. Brief biographical sketch of the nominee as it relates to the nomination.
4. Optional: Up to five pages of additional material about your nominee.
5. Please do not send submission packages in binders or folders.

MAILING INFORMATION:

Mail or courier completed nomination package to:  
BC Community Achievement Awards  
c/o 6209 Angus Drive  
Vancouver, BC V6M 3P2

For more information, please contact  
Tel: 604.261.9777 or Toll Free: 1.866.882.6088  
Email: [info@bcachievement.com](mailto:info@bcachievement.com)  
Website: [www.bcachievement.com](http://www.bcachievement.com)

*Please note that it is the responsibility of the nominator to ensure that the nomination is complete including the receipt of support letters by the deadline. All material received will be kept confidential.*

## Privacy Policy

The British Columbia Achievement Foundation is committed to protecting the privacy of people through responsible management of information received. Nominations are confidential between the nominator and the Awards program.

*You may view the complete privacy policy at [www.bcachievement.com](http://www.bcachievement.com) or by calling the office for a copy.*

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## 1 NOMINEE

NAME (MR./MRS./MS./MISS/DR.)

HOME ADDRESS

CITY/TOWN/PROVINCE/POSTAL CODE

DAYTIME TELEPHONE | EVENING TELEPHONE | EMAIL

ORGANIZATION (IF APPLICABLE)

ORGANIZATION ADDRESS (IF APPLICABLE) CITY/TOWN/PROVINCE/POSTAL CODE

Is the nominee a current or former long-term resident of BC? Yes/No

## 2 NOMINATOR

NAME (MR./MRS./MS./MISS/DR.)

ADDRESS

CITY/TOWN/PROVINCE/POSTAL CODE

DAYTIME TELEPHONE | EVENING TELEPHONE

EMAIL | ORGANIZATION (IF APPLICABLE)

How long have you known the nominee?

I have provided or made provision for all the nomination material required for a completed nomination package.

SIGNATURE OF NOMINATOR

DATE

List the individuals who are providing a letter of support for the nomination.

## 3 LETTER OF SUPPORT 1

NAME (MR./MRS./MS./MISS/DR.)

TITLE AND ORGANIZATION (IF APPLICABLE)

CITY/TOWN/PROVINCE/POSTAL CODE

DAYTIME TELEPHONE

ADDRESS

How long have you known the nominee?

## 4 LETTER OF SUPPORT 2

NAME (MR./MRS./MS./MISS/DR.)

TITLE AND ORGANIZATION (IF APPLICABLE)

CITY/TOWN/PROVINCE/POSTAL CODE

DAYTIME TELEPHONE

ADDRESS

How long have you known the nominee?