

**Lieutenant Governor’s Medal for Inclusion, Democracy, and Reconciliation**

**Nomination Form 2024-2025**

**Instructions:** After reviewing the nomination instructions, complete this form as it pertains to you. CNC faculty and staff members nominating a student must complete the CNC faculty/staff portion of the application. Students who are self-nominating must complete the student self-nomination portion of this form.

To be considered, completed applications, including required supporting documents, must be returned to Financial Aid & Awards on or before **March 31, 2025**. Nomination packages can be emailed to [finaid@cnc.bc.ca](mailto:finaid@cnc.bc.ca) or delivered to Student Services.

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**CNC Faculty/Staff**

I, \_\_\_\_\_, would like to nominate the following student as a potential candidate for the Lieutenant Governor’s Medal program. I have included a letter of recommendation outlining the reasons I believe this student should be considered.

Student Name (First and Last): \_\_\_\_\_

Student # \_\_\_\_\_

Date: \_\_\_\_\_

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**Student Self-Nomination**

I, \_\_\_\_\_, would like to be considered a candidate for the Lieutenant Governor’s Medal.

\_\_\_\_\_  
*PRINT/TYPE First and Last Name* *Student Number*

\_\_\_\_\_  
*Street Address* *City, Province* *Postal Code*

\_\_\_\_\_  
*Email Address* *Phone Number*

In addition to this nomination form, I have provided **all** of the following documents as described in the nomination instructions:

- 500-750 word essay
- Letter of recommendation
- Summary of community/school involvement

**Student Declaration**

If awarded this medal, I authorize the Financial Aid & Awards office to release my personal contact information to the donor, if requested: first and last name, telephone number, mailing and email addresses, and information relative to the special requirements of this award.

I hereby declare that the information provided is, to the best of my knowledge, true and correct.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Dated*