

Nomination Form

Part 1 - Nominee Information

Award Category (select one)

Parent/Caregiver

Professional

Youth/Student

Organization

Name (of nominee):

Organization (if applicable):

Part 2 - Nominator Information

Name (of nominator):

Organization (if applicable):

City:

Email:

Telephone (daytime):

Part 3 - Reason for Nomination

Reason for Nomination (500 words or less):

Upon completion, please submit by emailing to: communications@algomapublichealth.com or print and mail to:

Algoma Public Health
c/o Public Health Champion Award
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9

Nominees must live or operate in the Algoma district.

Current members of the Board of Health for Algoma Public Health and Algoma Public Health staff are not eligible.