

# DISTRICT 2, ALGOMA STUDENT RECONGITION AWARD Established 2014

#### APPLICATION FORM

#### AIMS AND OBJECTIVES OF THE AWARD

\*A suitable recipient nominee MUST possess some of the qualities listed below:

- To support a student who has successfully and independently overcome a challenge(s) that may have created a barrier for them during their years of education at the secondary school level.
- To reward the student who best exemplifies the philosophy of the educational system in which they have been educated.
- To reward a student who has displayed the characteristics of good citizenship.
- To recognize a student who models the attributes of Character Education and has learned to value themselves and others with dignity and respect.
- To reward a student who has developed and realized their full potential intellectually, emotionally, physically, socially or spiritually.
- Finally, to support a student who has contributed in a positive way to the well-being of the school and/or community but may not be a recipient of an academic or athletic award.

PLEASE COMPLETE THE NOMINATION FORM IN AS MUCH DETAIL AS POSSIBLE. ATTACH ANY ADDITIONAL INFORMATION TO THIS FORM.

#### PART 1: PERSONAL INFORMATION

D	ATE: (SUBMITTED):
FIRST NAME:	_ LAST NAME:
SECONDARY SCHOOL:	
ADDRESS: (to which you want correspo	ondence sent)
	Postal Code:
HOME PHONE:	OTHER TELEPHONE:
PART 2: DECLARATION	
PARENT/GUARDIAN'S NAME: (FIRST)	
LAST NAME:	
OSSTF BARGAINING UNIT: (CIRCLE O	NE)
☐ Educational Support Staff	,
□ Early Childhood Educators	<b>3</b>
<ul><li>Occasional Teachers</li></ul>	
□ Teachers	
WORK LOCATION:	CONTACT PHONE NUMBER:

### PART 3: PARENT/GUARDIAN DECLARATION: (Student under 18 years of age)

I hereby consent to the collection and use of the above-noted information by the Ontario Secondary School Teachers' Federation (OSSTF/FESSO) District 2, Algoma. This information shall be used exclusively for the purpose of union administration – specifically for the consideration of the District 2, Algoma Award.	
Signature:	
Date:	
PART 4: POST-SECONDARY EDUCATION	
Name of the post-secondary institution where you will be attending:	
Name of the program you are enrolled in: Length of the program: (number of years/months):	
PART 5: OTHER (IF APPLICABLE)	
Name of Apprenticeship Program:	
Name of Employer (if applicable):	

### PART 6: WRITTEN OR VIDEO SUBMISSION

In five hundred (500) words or less, indicate why you believe you are the best candidate for this Award. You should select or highlight some of the following topics:

- Obstacles that you feel you have had to overcome in order to achieve personal success (explain fully)
- Volunteer activities
- Any community involvement
- Extra-curricular interests
- Part-time employment
- Co-operative Education Experience(s)
- Long-range goals or plans for yourself
- What character attributes best describe and/or define who you are and what you want to become
- Any other information that you believe should be considered

#### NOTE:

IF THE APPLICANT CHOOSES TO SUBMIT A VIDEO SUBMISSION IT MUST BE UP TO FIVE (5) MINUTES IN LENGTH.

# PART 7: REFERENCES - TESTIMONIALS

CHARACTER REFERENCE [*NOT A RELATED TO THE APPLICANT]		
Please provide the Selection Committee with the name of one educator (Educational Assistant, Teacher, etc.) at the Secondary School level who you believe will support your nomination.		
NAME:		
SCHOOL:	_	
SIGNATURE:DATE:	_	
CONTACT INFORMATION:		

## NOTE:

- <u>BEFORE</u> you submit your application, please ensure that you have all <u>SEVEN (7)</u> PARTS of the Application process completed.
- INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

DEADLINE FOR SUBMISSION: FRIDAY, MAY 18, 2018 4:00 P.M.

<sup>\*\*</sup>Attach any letters of reference and/or testimonials to support your application.