



APPLICATION

Name _____

Address _____

City/Town _____ Province _____ Postal Code _____

Phone number _____

Email _____

Social Insurance Number _____

Are you a Canadian citizen? Yes No

Did you self-nominate for this award? Yes No

If peer nominated, is the person aware of this application? Yes No

Did you attach evidence that you are a supporter of Ostomy Canada Society? Yes No

Did you attach evidence that you are a member of NSWOCC? Yes No

Did you answer the two (2) questions in 500 words or less? Yes No

Did you attach a photo and short background story? Yes No

Did you put "Education Award" in the email subject line? Yes No

All applications must be submitted by email to info1@ostomycanada.ca and MUST have "Education Award" in the subject line. All applications must be submitted by March 31.