



**ST. JOHN COUNCIL FOR ALBERTA  
AWARDS OF EXCELLENCE  
NOMINATION FORM**

**Please indicate the award for which you are nominating this candidate.**

- The Chairman of the Board of Directors Award  
 The Edgar L. Boyd Award  
 The Dr. G.R.A. Rice Memorial Award  
 The Lyle E. Sproat Award  
 The Vice Prior's Award

**Candidate Information:**

Full Name: \_\_\_\_\_

Post Nominals: \_\_\_\_\_  
(if applicable)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Nominator Information:**

Name & Centre: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Please send nominations to:

**Important**

Please provide the following information on a separate page or in a covering letter.

1. The reason why you are nominating this individual.
2. An up-to-date biographical sketch to be used for introduction purposes if the candidate is selected as an award recipient.
3. Any other information that might assist the Nominating Committee in the selection process.

Please forward all nominations to:

Alicia Osepchuk  
Manager of Administration (Board & Special Events)  
St. John Ambulance  
12304-118 Avenue  
Edmonton, Alberta T5L 5G8