Our Lady of the Sacred Heart

Catholic College





SPECIAL ACHIEVEMENT AWARD NOMINATION FORM

NOMINEES INFORMATION (i.e. the person to receive the award) STUDENT NAME: **CAMPUS:** YEAR GROUP: DATE OF ACHIEVEMENT: DESCRIPTION AND DETAILS OF ACHIEVEMENT NOMINATORS INFORMATION (i.e. the person nominating the candidate) NAME: **RELATIONSHIP TO CANDIDATE: CONTACT EMAIL:** DATE WHEN NOMINATION SUBMITTED: SIGNATURE:

Please submit this form to your Campus Reception or by email to: admin.olshalice@nt.catholic.edu.au