

#### MICHELLE HARKNESS MENTORSHIP AWARD

**2023-24 COMPETITION** 

#### **CATEGORY 2B: MENTORING EXCELLENCE - NON-INVESTIGATOR**

#### **NOMINATION FORM**

1. NOMINEE Into	ormation			
Last Name (family nam	ne)			
Given Name(s)				
Title and Institution/O	rganization			
Address				
Email			Telephone	
Relationship to AllerG applicable)	en Inc. (if			1
2. Primary NOM	INATOR Inform	nation		
Last Name (family name)				
Given Name(s)				
Title and Institution/O	rganization			
Address				
Email			Telephone	
Relationship to AllerG (if applicable)	en Inc.			
Relationship to the No	ominee			
Primary Nominator's \$	Signature			
Date				



# 3. Demonstrated Mentoring Behaviours

e space provided. Refe	enaviours of the r r to the <u>Call for No</u>	nominee. Use 11p ominations & App	ot Arial Font and lin <u>lications/Program</u>	mit your response <u>Guide</u> for example	to es.



## 4. Scope of Mentoring Efforts

•	, one or approation	<u>s/Program</u> <u>Guide</u> fo	- Champiooi	





## 5. The "Michelle Criterion"

Provide evidence of the nominee's altruistic investment in the people around him/her. Use 11pt Arial Font and limit your response to the space provided. Refer to the <u>Call for Nominations &amp; Applications/Program Guide</u> for examples.



## 6. Nominee's Curriculum Vitae

Provide the Curriculum Vitae of the nominee in a separate file (maximum 5 pages).

## 7. Signatories

Please provide a minimum of two additional signatories to a maximum of 10 signatories (including primary nominator) in total to support the nomination.

1. Primary Nominator:	2. Secondary Nominator:	3. Tertiary Nominator:
Date:	Date:	Date:
	Email:	Email:
4. Name:	5. Name:	6. Name:
Date:	Date:	Date:
Email:	Email:	Email:
7. Name:	8. Name:	9. Name:
Date:	Date:	Date:
Email:	Email:	Email:
 10. Name:		
Date:		
Email:		