



Experiential & Work-Integrated
Learning Ontario

Nomination Information Form

Nomination for Co-op Award WIL Award EL Award

Student(s) Information (for group submissions you can use the institution address)

Name: _____

Mailing Address: _____

E-mail: _____

I agree to the use of information provided in this nomination (minus confidential information) by EWO for the promotion of Co-op/WIL/EL. Yes No (Please select desired response)

Employer Information

Company/Organization Name: _____

Supervisor/Manager/Co-worker Name: _____

Title/Department: _____

Mailing Address: _____

Work Phone: _____ E-mail: _____

I agree to the use of information provided in this nomination (minus confidential information) by EWO for the promotion of Co-op and WIL. Yes No (Please select desired response)

Institution Information

Institution Name: _____

Name: _____

Title/Department: _____

Mailing Address: _____

Work Phone: _____ Email: _____

Nominee's Degree/Diploma Program: _____

Nominee's Number of Years of Study Completed: _____

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, FURTHER, I UNDERSTAND THAT IN THE EVENT THAT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS OR ALTERATIONS, THE NOMINATION WILL BECOME NULL AND VOID.

Signature: _____

Date: _____

Nomination guidelines and submissions details are available on the [EWO](#) website.