



1113 MARGINAL RD HALIFAX NS B3H 4P7 / PH 902 423 4677 1 800 355 6873 / WWW.ANSM.NS.CA

Award for Excellence in Museum Practices Individual Contribution

NOMINATION FORM

Name of Nominee: _____ Date: _____

Nominee Museum / Organization: _____

Address: _____

Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Nominated By (Member or Member Organization): _____

Contact Number: _____

Email: _____

Reason for Nomination (Brief summary statement). Please attach a complete statement (from the nominator) that describes the nominee's achievement, details what makes the nominee's accomplishment an outstanding achievement and how it meets the selection criteria (max. 3 pages):

How does this nomination meet the eligibility requirements for the ANSM Award for Excellence In Museum Practices
- Individual Contribution?

Which areas of focus applies to this nomination (check all that apply):

- ☐ Innovative exhibits, interpretation, presentation and visitor experience programs
- ☐ Contributions that demonstrate positive outcomes in Nova Scotia communities
- ☐ New approaches in collections and information management
- ☐ Positive changes to physical facilities
- ☐ Successful practices in the areas of governance, administration, management and human resources
- ☐ Creative or collaborative marketing efforts
- ☐ Other: (Please specify): _____

Nomination Application Checklist:

- ☐ Nomination form (this document) is signed by the Nominator
- ☐ Detailed nomination statement that outlines how the nominee meets the selection criteria (Max. 3 pages)
- ☐ Biography or resume of nominee (Max. 2 pages)
- ☐ Photo of nominee (head and shoulders 300dpi)
- ☐ Two letters of support from members of the museum community or project partners
- ☐ Relevant supporting material such as links to websites, audio and video clips, podcasts, photographs, digital images, publications, local news coverage, press releases, magazine clippings, interviews, reviews, audience surveys, letters from visitors, critical testimonies from professionals supporting information etc. (Max. of 3 items / 5 pages) * Please note items will not be returned.

Signature of Nominator: _____ Date: _____

For Office Use	Number of attachments / enclosures: Date Received: _____ Committee Review: _____
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