



## SCHOOL BUS DRIVER OF THE YEAR AWARD

### Nomination Form

Criteria: The Driver

- Must be a current bus driver or recently retired as a school bus driver within the last two years.

#### **NOMINEE**

Name of Driver:

**Please explain your reasons for making this nomination:**

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**NOMINATOR**

Name

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Telephone # (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Email: \_\_\_\_\_

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

**SCHOOL PRINCIPAL**

(Nomination must be endorsed by the School Principal)

Name:

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School:

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Name of School Association:

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Mailing Address:

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Telephone # (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Email: \_\_\_\_\_

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

**Mail form to:** NSFHSA  
School Bus Driver Award  
PO Box 28123 Tacoma  
Dartmouth, NS  
B2W 6E2

**Or Email to:** NSFHSApresident@gmail.com