



**Halifax Regional School Board  
African Nova Scotian Advisory Committee**

**NOMINATION FORM**

Nominees must be persons who identify as African Nova Scotian and reside in the Halifax Regional Municipality.

I, \_\_\_\_\_ wish to nominate:  
 Ms       Miss       Mrs.       Mr.

\_\_\_\_\_  
Please print first and last names.

Nominee's Contact Information:

Telephone Number:

E-Mail:

Nominee: \_\_\_\_\_ would be a good  
representative from the community of: \_\_\_\_\_  
because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:**

Please return this form to: Heather Chandler, Coordinator – Diversity Management  
Halifax Regional School Board  
90 Alderney Drive, Dartmouth, Nova Scotia  
B2Y 4S8

**OR**

Please feel free to submit your nomination by email to **Heather Chandler** at:  
**464-2000 (Ext. 2006) or by e-mail at:**  
***hchandler@hrsb.ns.ca***

*Thank you!*