



Canadian Women's Foundation/Fondation canadienne des femmes 2005 Michele Landsberg Award Application

Criteria

To recognize outstanding feminist work by a young woman in media and or activism

The nominee must live in Canada and be between the ages of 16 to 30.

The award includes public recognition by Canadian Women's Foundation and a \$1000 award for tuition assistance, which must be made to a registered educational institution in Canada. (award cannot be given to the individual).

Instructions

Please complete the attached application form. Applications may be submitted in English or French. You can also download these documents from our website at: www.canadianwomen.org
Cette information est aussi disponible en français

You can nominate yourself or someone else. If you are nominating someone else, please obtain permission prior to submitting the application.

- Please submit a one-page letter describing your or your nominee's ideals and what you or she has done to further women's equality in your or her community and/or school. Please describe the project or activities and your or her role in it.
- Please submit samples of the nominee's writing if available.
- Please submit a brief bio or resume (no more than 2 pages).
- Please attach one academic, professional or personal letter of support for the nomination.

Completed applications may be mailed or faxed or emailed to:
Canadian Women's Foundation
133 Richmond Street West, Suite 504, Toronto, Ontario M5H 2L3
eburgess@canadianwomen.org

For further information, please call CWF at (416) 365-1444 x 221 or toll free 1-866-293-4483

**All applications received or postmarked by Friday, June 10, 2005 will be considered.
The award will be made in September 2005.**

Canadian Women's Foundation/Fondation canadienne des femmes
2005 Michele Landsberg Award
Application

I am applying personally _____

I would like to nominate the following woman and I have obtained her permission Yes _____ No _____

Contact information for the woman being nominated:

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ Prov. _____ Postal Code _____

Phone: _____ Email _____

Your contact information (if different from above):

Name: _____

Business Address: _____
(If applicable)

City _____ Prov. _____ Postal Code: _____

Home Address: _____

City _____ Prov. _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Relation to Nominee: Friend ___ Employer ___ Colleague ___ Student ___ Family ___ Other ___

List of Enclosures and Attachments

