



GARY SLAIGHT HUMANITARIAN AWARD NOMINATION FORM

AS OF JANUARY 2025

PART 1: NOMINATION FORM SUBMITTED BY

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

How long have you known the nominee, and in what capacity: _____

PART 2: NOMINEE INFORMATION

Name of Nominee: _____

Contact Name (if deceased): _____

Telephone: _____

Email: _____

PART 3: SUPPORT MATERIAL

Along with this completed Nomination Form, please include the following information:

BIOGRAPHY OF NOMINEE

Provide a current, maximum (2) page biography of the nominee, with emphasis on their achievements in the music industry.

NOMINATION STATEMENT/LETTER

Describe, in no more than two (2) pages, why you are nominating this individual or group for the Gary Slaight Humanitarian Award. Please focus on the nominee’s significant achievements or specific efforts in relation to the criteria outlined in the Awards of Achievement Overview document, as well as by answering the following questions:

- i. What is the nominee’s relationship to the cause/event?
- ii. Was it a one-time cause/event or ongoing? (If ongoing, please describe the nominee’s ongoing commitment)
- iii. What is the nominee’s degree of personal sacrifice/commitment? (e.g. time/money)

- iv. What were the nominee’s specific efforts within the cause/event?
- v. Who does the cause/event affect?
- vi. What was the goal and was it achieved?
- vii. What is the community’s demand for this community service act?
- viii. Is it a common community service act, or a new, unique initiative?
- ix. Is the humanitarian effort international, national, or strictly local?
- x. Is it an extension of the nominee’s current job?

PART 4: INDUSTRY SUPPORT

Provide the names of five (5) industry individuals who support this submission.

1. Name: _____
 Location: _____
 Telephone: _____
 Email: _____

2. Name: _____
 Location: _____
 Telephone: _____
 Email: _____

3. Name: _____
 Location: _____
 Telephone: _____
 Email: _____

4. Name: _____
 Location: _____
 Telephone: _____
 Email: _____

5. Name: _____
 Location: _____
 Telephone: _____
 Email: _____

By checking this box, the submitter confirms that ALL information provided is correct and that the five (5) industry individuals who support this submission have been notified of their inclusion.

Please return this completed form, as well as the required attachments, to the attention of Julia Lennox at the CCMA via email or mail by no later than **Tuesday, February 11, 2025 at 8:00 p.m. ET**. Late submissions will not be considered for the current year.

Julia Lennox, Manager, Awards & Special Projects
Canadian Country Music Association
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416-947-1331 ex. 218