

Busog, Lusog, Talino (BLT) Excellence Awards 2015

NOMINATION FORM

Name of Nominator AIP/LIP/Sub-LIP:			
Cluster of AIP/LIP:	Luzon	Visayas	Mindanao

PLEASE USE ONE FORM PER BLT SCHOOL-NOMINEE.

1. Nominee for BLT School Gold Star Award for Excellence

Name of BLT School:		
Address:		
Contact Person/Position:		
Telephone Number / E-mail address:		
Year started in BLT:	FAC Rating for SY2014-2015 (as evaluated by AIP/LIP/Sub-LIP):	# of feeding days as of November 14, 2015:
Forms submitted (Check all that apply):	Form B: Masterlist of BLT Pupils Form D: Weekly Market Order List Form E: Monthly Attendance Chart, August to October Form F: Midyear BMI Monitoring Chart	

2. Nominee for BLT Principal Gold Star Award for Excellence

Name of BLT School Principal:		
Telephone Number / E-mail address:		
No. of months/years as Principal of BLT school:		
<u>Nominee's Concurrence</u> <i>I consent to stand for nomination and make myself available as needed for the evaluation process of the BLT Excellence Awards. My name and photo may be used in any communication that will showcase the recipients and/or nominees of the award. Should I win, I commit (to the best of my ability) to attend the awarding ceremony during the BLT Summit 2015.</i>		
Printed name and signature of nominee		Date

3. Nominee for BLT Feeding Coordinator Gold Star Award for Excellence

Name of BLT Feeding Coordinator	
Telephone Number / E-mail address:	
No. of months/years as Feeding Coordinator of BLT school:	
<p>Nominee's Concurrence <i>I consent to stand for nomination and make myself available as needed for the evaluation process of the BLT Excellence Awards. My name and photo may be used in any communication that will showcase the recipients and/or nominees of the award. Should I win, I commit (to the best of my ability) to attend the awarding ceremony during the BLT Summit 2015.</i></p>	
_____	_____
Printed name and signature of nominee	Date

4. Nominator's Contact Details

Representative of Nominating AIP/LIP:		
Position:		
Telephone Number / E-mail address:		
I am willing to be recognized as the nominator:	YES	NO
_____	Date:	
Printed name and signature of nominator		



5. Check to ensure that your nomination package includes the following:

- Completed nomination form, with all blanks filled up
- Printed name and signatures of all nominees and nominator
- Endorsement Letter from the DepEd Schools Division Superintendent
- Photocopies of supporting documents: **Forms B, D, E and F** of nominated BLT School;
- FAC tool accomplished by AIP/LIP

FORWARD NOMINATION FORM AND SUPPORTING DOCUMENTS TO:	
Courier: Jollibee Group Foundation 6 th Floor Jollibee Plaza F. Ortigas Jr. Road, Ortigas Center, Pasig City	E-mail: bltawards@jollibee.com.ph Fax: 02-6887038
Deadline of Nominations:	
NOVEMBER 28, 2014 (FRIDAY)	
Only nominations completed and post-marked on or before November 28, 2014 will be considered for evaluation.	