



- Nominee Info

- Academic/Employment/Accomplishments

- Honors/Citation

- Letters of Recommendation/Photo

- Submitted on Behalf of:

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Albert Easton White Distinguished Teacher Award - Confidential

RETURN THIS FORM BY 1 February one year prior to that in which the award is to be given to:

Chair, Award Selection Committee
ASM International
9639 Kinsman Road
Materials Park, OH 44073-0002

Once the files are uploaded, you will see a screen confirming your submission and you will receive an email confirmation.

If you do not see this screen, your submission did not go through. Please make sure each file is below 3MB and resubmit the package. If the submission does not upload and transmit properly, please contact Christine.Hoover@asminternational.org.

Please be certain to furnish all relevant information: Missing data cannot be obtained elsewhere. The submitted material is the total case as it will be presented to the Awards Policy Committee. Please use additional sheets as necessary. Omissions can weaken the case of your nominee.

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You will also receive an email confirmation. If you do not receive the email confirmation, please contact [Christine Hoover](mailto:Christine.Hoover@asminternational.org).

SAMPLE FORM-INFO ONLY

Albert Easton White Distinguished Teacher Award - Confidential

1. Nominee Information: * = Required Information

Prefix (Prof./Dr./Ms./Mr./etc.): *Candidate First Name: Candidate Middle Name/Initial: *Candidate Last Name: Suffix (Jr./Sr./PE, etc.): Business Title: Department/Division: Company Affiliation: Address 1: Address 2: *City: *State/Province: Zip Code: *Country: Phone Number: E-Mail Address:

2. Please provide the following information about the nominee:

Member Number: Years ASM Member:

3. Chapter:

Chapter:

Chapter

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4. Academic Background: (institution, major/minor, graduation year, degree/certificate)

| | Institution | Major/Minor | Yr of Graduation | Degree/Certificate |
|----------|-------------|-------------|------------------|--------------------|
| Degree 1 | | | | |
| Degree 2 | | | | |
| Degree 3 | | | | |
| Degree 4 | | | | |
| Degree 5 | | | | |
| Degree 6 | | | | |
| Degree 7 | | | | |
| Degree 8 | | | | |

5. Employment History:

| | Company Name | Position Held | Years of Service |
|----------------------|--------------|---------------|------------------|
| Employment History 1 | | | |
| Employment History 2 | | | |
| Employment History 3 | | | |
| Employment History 4 | | | |
| Employment History 5 | | | |
| Employment History 6 | | | |
| Employment History 7 | | | |
| Employment History 8 | | | |

6. Industrial, governmental and/or teaching experience; duties/responsibilities; areas of endeavor and specialization; accomplishments:

[Choose File](#) No file selected

7. Achievements - (e.g. books, papers, patents, new materials and processes, unique innovations). You may upload documentation, however, **do not attach copies of papers** - a listing is sufficient!

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8. Resume/Bio/CV as appropriate may be uploaded to provide this information. Please be cognizant of document size and number of pages provided.

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9. Honors and Awards, as applicable. Please be cognizant of document size and number of pages provided.

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10. Summary: What is nominee's most significant contribution or accomplishment?

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11. Read carefully the qualifications for this award. Why does nominee fit the requirements?

[Choose File](#) No file selected

12. Suggested citation of not more than thirty (30) words.

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RECOMMENDATION LETTERS:

Append statements of at least three (3) close associates familiar with the candidate's endeavors.

13. File Upload for Supporting Letter 1:
Attachments are not to exceed 3MB max per file.

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14. File Upload for Supporting Letter 2:
Attachments are not to exceed 3MB max per file.

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15. File Upload for Supporting Letter 3:
Attachments are not to exceed 3MB max per file.

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16. File Upload for Supporting Letter 4:
Attachments are not to exceed 3MB max per file.

[Choose File](#) No file selected

17. File Upload for Supporting Letter 5:
Attachments are not to exceed 3MB max per file.

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18. ATTACH PHOTO OF NOMINEE:
Attachments are not to exceed 3MB max per file.

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Note: Nominations can be submitted by any of the following: Chapter, Committee, Council, Affiliate Society, the Awards Policy Committee, an Awards Selection Committee, or Five ASM Members. A single nomination can be submitted jointly if desired, however, only one nominating group from the list below is necessary.

19. Nominator (person submitting the nomination): * This is the lead nominator who ASM will communicate with as the point of reference and contact relative to this nomination.

*Nominator First Name:

Nominator Middle Name/Initial:

*Nominator Last Name:

Suffix (Dr./Prof./Jr./Sr./PE, etc.):

Title:

Department/Division:

Company Affiliation:

Address 1:

Address 2:

*City:

*State/Province:

Zip Code

*Country:

*Phone Number:

*Nominator E-Mail Address:

20. This nomination is submitted on behalf of the:

Note: Nominations can be submitted on behalf of more than one volunteer group, but that is not required. A minimum of one group must submit the nomination.

| | Chapter | Committee/Council | Affiliate Society | Award Selection or Awards Policy Committee | Five ASM Members in good standing |
|------------------------------------|----------------------|----------------------|----------------------|--|--------------------------------------|
| Nomination Submitted on behalf of: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

21. If Submitted by Five ASM Members, please provide each ASM Member's Name and Membership Number below:

| | ASM Member Number: | ASM Member Name: |
|--------------|----------------------|----------------------|
| ASM Member 1 | <input type="text"/> | <input type="text"/> |
| ASM Member 2 | <input type="text"/> | <input type="text"/> |
| ASM Member 3 | <input type="text"/> | <input type="text"/> |
| ASM Member 4 | <input type="text"/> | <input type="text"/> |
| ASM Member 5 | <input type="text"/> | <input type="text"/> |

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