

Bradley Stoughton Award for Young Teachers Award - Confidential

RETURN THIS FORM BY 1 March 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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SAMPLE FORM-INFO ONLY

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1. Nominee Information: * = Required Information

*Candidate First Name:	<input type="text"/>
Candidate Middle Name/Initial:	<input type="text"/>
*Candidate Last Name:	<input type="text"/>
Suffix (Jr./Sr./PE, etc.):	<input type="text"/>
Position Held:	<input type="text"/>
Department:	<input type="text"/>
University or College Name:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
*City:	<input type="text"/>
*State/Province:	<input type="text"/>
*Country:	<input type="text"/>
Phone Number:	<input type="text"/>
E-Mail Address:	<input type="text"/>

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SAMPLE FORM-INFO ONLY

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2. Date of Birth:

Birth Date: (MM/DD/YYYY)

Date of Birth (required for nomination eligibility):

3. Please provide the following information about the nominee:

Member Number:

Years ASM Member:

4. Chapter:

Chapter

Chapter:

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5. Name and full address of Dean of above University or College: Required Information

Dean's First Name:	<input type="text"/>
Dean's Middle Name/Initial:	<input type="text"/>
Dean's Last Name:	<input type="text"/>
Suffix (Jr./Sr./PE, etc.):	<input type="text"/>
Position Held:	<input type="text"/>
Department:	<input type="text"/>
University or College Name:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
State/Province:	<input type="text"/>
Country:	<input type="text"/>
Phone Number:	<input type="text"/>
E-Mail Address:	<input type="text"/>

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6. 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				

7. Teaching Positions Held:

	School	Department	Time Held (Dates)	Position
Teaching Position 1				
Teaching Position 2				
Teaching Position 3				
Teaching Position 4				
Teaching Position 5				
Teaching Position 6				
Teaching Position 7				
Teaching Position 8				

8. Teaching Positions Held: Space for any general comments

Choose File No file selected

9. Data on Nominee's Department for past three years:

Year	Engineering College	# of Metallurgy/Materials Graduates	# of Metallurgy/Materials Under Graduates	# of Metallurgy/Materials Extension	# of Metallurgy/Materials Degrees - B.S.	# of Metallurgy/Materials Degrees - M.S.	# of Metallurgy/Materials Degrees - Ph.D.
Yr 1							
Yr 2							
Yr 3							

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10. Activity in Student Technical Societies:

	Society:	Calendar Year(s):	# of Student Members:	Nominee's Function:	Hours/Year:
Student Tech Society 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Tech Society 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Tech Society 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Tech Society 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Tech Society 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Tech Society 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Tech Society 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Tech Society 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Faculty Committee Activities:

	Activity:	Calendar Year(s):	Frequency of mtgs:	Years:
Faculty Cmte Activities 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty Cmte Activities 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty Cmte Activities 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty Cmte Activities 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty Cmte Activities 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty Cmte Activities 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty Cmte Activities 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty Cmte Activities 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Professional, Technical and Education Society Activity (other than ASM):

	Society:	Calendar Year(s):	Offices Held or Cmte Membership:	Years:
Other Soc Activity 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Soc Activity 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Soc Activity 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Soc Activity 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Soc Activity 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Soc Activity 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Soc Activity 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Soc Activity 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	Year/Semester	Graduate/Undergraduate Courses	Course Title	Credit Hours	# of Students	Hrs/Week - Class/Lab
Yr 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yr 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yr 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

14. Number of Graduate Degrees Completed under Nominees Supervision (indicate Ph.D.'s and MS degrees): No file selected**15. File Upload for additional input on number of graduate degrees completed. Please be cognizant of document size and number of pages provided.** No file selected No file selected**16. Current number of Graduate Students Being Advised by Nominee:**

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17. Publications, authorships, honors and awards - You may upload additional documentation as necessary, however, **do not attach copies of papers** - a listing is sufficient!

No file selected

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

No file selected

No file selected

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

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

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LETTERS OF SUPPORT FROM DEPARTMENT HEAD AND DEAN:

File Upload for Supporting Letter 1:

Attachments are not to exceed 3MB max per file.

No file selected

File Upload for Supporting Letter 2:

Attachments are not to exceed 3MB max per file.

No file selected

File Upload for Supporting Letter 3:

Attachments are not to exceed 3MB max per file.

No file selected

File Upload for Supporting Letter 4:

Attachments are not to exceed 3MB max per file.

No file selected

File Upload for Supporting Letter 5:

Attachments are not to exceed 3MB max per file.

No file selected

21. Names of three (3) Faculty Members that we can contact to comment on the award nominee's teaching ability

	Name	Contact information	Email address:
Name #1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name #2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name #3	<input type="text"/>	<input type="text"/>	<input type="text"/>

22. Names of seven (7) students to contact for comment on award nominee's teaching ability:

	Name	Contact information	Email address:
Student #1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student #2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student #3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student #4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student #5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student #6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student #7	<input type="text"/>	<input type="text"/>	<input type="text"/>

ATTACH PHOTO OF NOMINEE:

Attachments are not to exceed 3MB max per file.

No file selected

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23. Submitted By:

ASM Member	Alumni or Faculty Group
<input type="checkbox"/>	<input type="checkbox"/>

24. Provide ASM Member and/or College or University Nominator Name below:

ASM Member	<input type="text"/>
College/University	<input type="text"/>

25. **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:	<input type="text"/>
Nominator Middle Name/Initial:	<input type="text"/>
*Nominator Last Name:	<input type="text"/>
Suffix (Dr./Prof./Jr./Sr./PE, etc.):	<input type="text"/>
Title:	<input type="text"/>
Department/Division:	<input type="text"/>
Company Affiliation:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
*City:	<input type="text"/>
*State/Province:	<input type="text"/>
Zip Code	<input type="text"/>
*Country:	<input type="text"/>
*Phone Number:	<input type="text"/>
*Nominator E-Mail Address:	<input type="text"/>

26. If Submitted by ASM Member, please provide ASM Member's Name and Membership Number below:

ASM Member	ASM Member Number:	ASM Member Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>