



- Nominee

- Academic/Employment

- volunteer Activity/Citation

- Letters of Support

- Photo

- Nominator Information

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## Emerging Professional Achievement Award - Confidential

**SUBMIT 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

**Criteria:** \*ASM membership is mandatory \*Nominees shall have completed their degree (either baccalaureate or post-baccalaureate) within the last 0-5 years of the date of this nomination.\*Recipients cannot be current members of the Emerging Professionals Committee. Emerging Professional Committee members are eligible two years after they have completed their term on the Emerging Professionals Committee.  
\*Recipients must accept the award at the ASM Leadership Awards Luncheon during MS&T and attend the EPC Strategic Planning Session.

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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](mailto: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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## Emerging Professional Achievement Award - Confidential

### 1. Nominee Information: \* = Required Information

Title (Mr./Ms./Dr./Prof.) \*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 (if known) Years ASM Member (if known) 

### 3. Chapter:

Chapter

Chapter (If known): 

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

	Institution	Major/Minor	Yr of Graduation	Degree/Certificate
Degree 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 5. Employment History:

	Company Name	Position Held	Years of Service
Employment History 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 8	<input type="text"/>	<input type="text"/>	<input type="text"/>

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### 6. Volunteer Accomplishments(list Chapter/Committee/Council Name Position, Year):

	Chapter/Committee Council	Position	Year
Chapter/Committee Council 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chapter/Committee Council 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chapter/Committee Council 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chapter/Committee Council 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chapter/Committee Council 5:	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

### 8. Outline of the candidate's service activities within ASM including the dates of the activity and impact on Society.

	Service Activity	Date	Impact on Society
Service Activity 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Activity 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Activity 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Activity 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Activity 5:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Activity 6:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Activity 7:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Activity 8:	<input type="text"/>	<input type="text"/>	<input type="text"/>

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### File Upload for Supporting Letter 1:

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### File Upload for Supporting Letter 2:

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### File Upload for Supporting Letter 3:

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### File Upload for Supporting Letter 4:

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### File Upload for Supporting Letter 5:

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### ATTACH PHOTO OF NOMINEE:

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### 9. 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	Comittee/Council	Affiliate Society Board	Individual ASM Member
Nomination Submitted on behalf of:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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

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

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**11. 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 ASM Member ID:

\*Title (Mr./Ms./Dr./Prof.):

\*Nominator First Name:

Nominator Middle Name/Initial:

\*Nominator Last Name:

Suffix (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:

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