

Canada Council G. MacDonald Young Award - Confidential

SUBMIT THIS FORM BY 30 April one year prior to that in which the award is to be given to:

Chair, Canada Council G. MacDonald Young 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.

Save and Finish Later

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

Canada Council G. MacDonald Young Award - Confidential

1. *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"/>

Save and Finish Later

You will also receive an email confirmation. If you do not receive the email confirmation, please contact [Christine Hoover](#).

Canada Council G. MacDonald Young Award - Confidential

2. Nominee Information: * = Required Information

*Candidate First Name:	<input type="text"/>
Candidate Middle Name/Initial:	<input type="text"/>
*Candidate Last Name:	<input type="text"/>
Suffix (Dr./Prof./Jr./Sr./PE, etc.):	<input type="text"/>
Business 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"/>
E-Mail Address:	<input type="text"/>

3. Please provide the following information about the nominee:

Member Number (if known)	<input type="text"/>
Years ASM Member (if known)	<input type="text"/>

4. Chapter:

	Chapter
Chapter (If known):	<input type="text"/>

5. Nature of Business: (150 words or less)

[Save and Finish Later](#)

You will also receive an email confirmation. If you do not receive the email confirmation, please contact [Christine Hoover](#).

Canada Council G. MacDonald Young Award - Confidential

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. 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			

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.

Choose File No file selected

Save and Finish Later

You will also receive an email confirmation. If you do not receive the email confirmation, please contact [Christine Hoover](#).

Canada Council G. MacDonald Young Award - Confidential

8. ASM Chapter Service: (offices, committees, etc.; provide dates of service). Thoroughly document the candidate's Chapter service.

	Office or Committee	Years of Service	Rating
Office/Committee 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office/Committee 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office/Committee 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office/Committee 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office/Committee 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office/Committee 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office/Committee 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office/Committee 8	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office/Committee 9	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office/Committee 10	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. ASM International Service: (Officers, Committees, Technical Divisions, Conference Organizations, etc.) thoroughly document the candidate's service to ASM.

	Office/Community/Other ASM Activity	Years of Service	Contributions/Comments
ASM International Service 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM International Service 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM International Service 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM International Service 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM International Service 5:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM International Service 6:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM International Service 7:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM International Service 8:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM International Service 9:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM International Service 10:	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Contributions to the Metals/Materials Community in Canada

11. Qualifications for Service Award - Why does the candidate fit the requirements?

12. Suggested citation of not more than thirty (30) words as to why nominee should be selected for the G. MacDonald Young Award. This statement will form the basis for the official citation should the nominee be selected.

13. Participation in Other Technical Societies (Officers, Committees, Technical Divisions, Conference Organizations, etc:Thoroughly document the candidate's service to ASM.

	Office/Community/Other ASM Activity	Years of Service	Contributions/Comments
Technical Society 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technical Society 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technical Society 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technical Society 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technical Society 5:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technical Society 6:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technical Society 7:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technical Society 8:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technical Society 9:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technical Society 10:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save and Finish Later

You will also receive an email confirmation. If you do not receive the email confirmation, please contact [Christine Hoover](#).

SAMPLE

[Back to ASM Awards Page](#)

Canada Council G. MacDonald Young Award - Confidential

14. Honors and Awards, as applicable.

15. Community Activities:

Save and Finish Later

You will also receive an email confirmation. If you do not receive the email confirmation, please contact [Christine Ho](#)

SAMPLE

Canada Council G. MacDonald Young Award - Confidential

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

RECOMMENDATION LETTERS:

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

File Upload for Supporting Letter 1:

Attachments are not to exceed 3MB max per file.

Choose File No file selected

File Upload for Supporting Letter 2:

Attachments are not to exceed 3MB max per file.

Choose File No file selected

File Upload for Supporting Letter 3:

Attachments are not to exceed 3MB max per file.

Choose File No file selected

File Upload for Supporting Letter 4:

Attachments are not to exceed 3MB max per file.

Choose File No file selected

File Upload for Supporting Letter 5:

Attachments are not to exceed 3MB max per file.

Choose File No file selected

ATTACH PHOTO OF NOMINEE:

Attachments are not to exceed 3MB max per file.

Choose File No file selected

Save and Finish Later

You will also receive an email confirmation. If you do not receive the email confirmation, please contact [Christine Hoover](#).

[Back to ASM Awards Page](#)

Canada Council G. MacDonald Young Award - Confidential

Note: Nominations can be submitted by any of the following: Canada Council, ASM Professional Chapter or Five ASM Members. A single nomination can be submitted jointly if desired, however, only one nominating group from the list below is necessary.

17. 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
Nomination Submitted on behalf of:	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. Submitted by:

	ASM Professional Chapter	Five ASM Members	Canada Council
Name of Chapter/Council 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Chapter/Council 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Chapter/Council 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Chapter/Council 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Chapter/Council 5 :	<input type="text"/>	<input type="text"/>	<input type="text"/>

19. 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"/>

[Save and Finish Later](#)

You will also receive an email confirmation. If you do not receive an email confirmation, please contact [Christine Hoover](#).