



- Nominee Information

- Academic/Employment Information

- Honors/Citation

- Resume/Photo

- Letters of Support

- Nominated By

- Nominator

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William Hunt Eisenman 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

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

ASM Member ID:	<input type="text"/>
Title (Dr./Prof./Mr./Ms.):	<input type="text"/>
*Candidate First Name:	<input type="text"/>
Candidate Middle Name/Initial:	<input type="text"/>
*Candidate Last Name:	<input type="text"/>
Suffix (Sr., Jr., 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"/>

2. Please provide the following information about the nominee:

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

3. Chapter:

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

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

<input type="text"/>

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5. 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"/>

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

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8. Summary: What is nominee's most significant contributions or accomplishments?

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

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10. 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

11. ATTACH PHOTO OF NOMINEE:

[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.

[Choose File](#) No file selected

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

[Choose File](#) No file selected

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

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[- Nominee Information](#)[- Academic/Employment Information](#)[- Honors/Citation](#)[- Resume/Photo](#)[- Letters of Support](#)[- Nominated By](#)[- Nominator](#)[Back to ASM Awards Page](#)

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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.

16. 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"/>

17. 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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18. 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.

*ASM Member ID

Title (Dr./Prof./Mr./Ms./etc.)

*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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