



Albert Easton White Distinguished Teacher Award Nomination

(CONFIDENTIAL)

RETURN THIS FORM BY **1 FEBRUARY**
two years prior to that in which the award is to be given, to:

Chairman, Award Selection Committee
ASM International
9639 Kinsman Road
Materials Park, Ohio 44073-0002

(PLEASE TYPE)

Date: _____

FOR OFFICE USE ONLY

Years eligible _____ Year joined _____

Nominated by:

- | | |
|--|--|
| <input type="checkbox"/> Chapter | <input type="checkbox"/> Committee/Council |
| <input type="checkbox"/> Regional Council | <input type="checkbox"/> Five Members |
| <input type="checkbox"/> Award Selection Committee | <input type="checkbox"/> Technical Division/Sector |
| <input type="checkbox"/> Affiliate Society | <input type="checkbox"/> Awards Policy Committee |

Acknowledged: _____

1. Name of Candidate:

2. Home Address and Telephone Number:

3. Business Title, Company, Address, Telephone Number, Fax Number, E-mail Address:

4. Member Number:

Birth Date:

Years ASM Member:

ASM Chapter:

5. Nature of Business:

6. Academic Background (list Institution, Major/Minor, Year of Graduation and Degree/Certificate):

7. Employment History (list Company Name, Position and Year): *[use additional sheets of paper if necessary]*

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

- 9. Achievements (e.g., books, papers, patents, new materials and processes, unique innovations) *[use additional sheets of paper if necessary – DO NOT ATTACH COPIES OF PAPERS – A LISTING IS SUFFICIENT]*

- 10. Honors:

- 11. Please attach a photograph of nominee.

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

- 13. Read carefully qualifications for specific award being considered. Why does the nominee fit the requirements?

- 14. Suggested citation of not more than thirty words:

- 15. Append statements of at least three close associates familiar with the candidate's endeavors.

- 16. List all attachments furnished. Identify attachments with appropriate item number on award form. Add additional sheets as necessary to identify all with name of nominee and award.

Submitted by: _____ Address: *(for nomination acknowledgement purposes)*
(signature-please print your name as well) _____

for/on behalf of: (Check one)

- Chapter _____
(name)
- Technical Division/Sector _____
(name)
- Regional Council _____
(name)
- Committee/Council _____
(name)
- Affiliate Society _____
(name)

- Awards Policy Committee
- Awards Selection Committee
- Five ASM Members (sign below)
- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____