



Nomination Form

Diversity and Inclusion

Award Due Date: Nominations must be received by April 1, 2021

Application Materials Required

Nomination Form

Entry Instructions

Electronic submission is requested. Please email the following electronic file (less than 10 MB per e-mail):

File: Completed Nomination Form

File name: nominee(s) last name(s).pdf

E-mail to: ASCERegion2@gmail.com

Email subject line: ASCE R2 Award App. – Diversity & Inclusion Award for (nominee(s) last name)

OR Mail a CD containing the file to:

Williams Companies
Attn: Angela Mayer
ASCE Region 2 Awards Committee
2000 Commerce Drive
Pittsburgh, PA 15275

For more information contact:

Angela Mayer - ASCE Region 2 Awards Committee
ASCERegion2@gmail.com

Award

This award is given annually to an individual or a group of individuals who, endeavoring in good faith, respect and include diverse perspectives by way of their conduct within Region 2 through ASCE's Code of Ethics. Specifically section 5(d) which guides engineers to "promote and exhibit inclusive, equitable, and ethical behavior in all engagements."

Award Criteria

The nominee(s) must be active within ASCE Region 2 the fall of the previous year. The nominee(s) shall be member(s) of ASCE in Region 2.

Awards Ceremony

The selected individual(s) will be recognized at awardee(s)'s Section/Branch meeting and/or Region 2 event.



Nominator Contact Information (This is the person making the nomination.)

Name:_____	Current ASCE Membership: Yes or No
Employer:_____	ASCE Member #:_____
Address Street City, State Zip:_____	Professional License: Yes or No
Phone Number:_____	License Registration State:_____
Email Address:_____	License Registration #:_____

***Name of the person(s) you would like to Nominate for the Diversity and Inclusion Award:**

Name:_____	Current ASCE Membership: Yes or No
Employer:_____	ASCE Member #:_____
Address Street City, State Zip:_____	Professional License: Yes or No
Phone Number:_____	License Registration State:_____
Email Address:_____	License Registration #:_____

Name:_____	Current ASCE Membership: Yes or No
Employer:_____	ASCE Member #:_____
Address Street City, State Zip:_____	Professional License: Yes or No
Phone Number:_____	License Registration State:_____
Email Address:_____	License Registration #:_____

Name:_____	Current ASCE Membership: Yes or No
Employer:_____	ASCE Member #:_____
Address Street City, State Zip:_____	Professional License: Yes or No
Phone Number:_____	License Registration State:_____
Email Address:_____	License Registration #:_____

***Note:** If there are more than three individuals to be recognized please attach an additional sheet of paper to provide the above information.

Nominee(s) ASCE Membership Information:

ASCE Section nominee belongs to (circle one):

Central PA Section

Reading Branch

Delaware Section

Lehigh Valley Section

Maryland Section

Catoctin Branch

Eastern Shore Branch

National Capital Section

Reston Branch

Philadelphia Section

Pittsburgh Section

Nomination Information:

Please answer the following questions as thoroughly as possible and ensure that the response to this nomination information section is three (3) pages or less.

1. Describe the nominee(s) exemplification of ASCE's Code of Ethics Section 5(d).
2. Provide any other information regarding the nominee(s) to be considered for this award.