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| option3 | ***REGION 7*** |

## Individual Nomination Form

## Outstanding ASCE Faculty/Practitioner Advisor Award

### Due Date: Nominations must be received by April 30, 2024

### Application Materials Required

Individual Nomination Form and Electronic Photo of Nominee (jpg)

### Entry Instructions

Electronic submittal is requested. Please e-mail the following 2 electronic files (less than 10 MB per e-mail):

* File 1: File name = nominee’s last name.pdf

Completed Nomination Form

* File 2: File name = nominee’s last name.jpg

JPG Photo of Nominee

E-mail to: jcjackataylor@gmail.com

with the Subject line name of:

“ASCE R7 Award Application – Outstanding ASCE Faculty/Practitioner Advisor for (nominee’s last name)”

**For more information contact:**

Jennifer Jacka-Taylor - ASCE Region 7 Awards Committee

[jcjackataylor@gmail.com](mailto:jcjackataylor@gmail.com) or 785-587-5094

**The Award**

The award is given annually to an outstanding ASCE Faculty/Practitioner Advisor who supports ASCE student chapters and civil engineering students.

### Award Criteria

The nominee must be active with ASCE Students in Region 7 the spring of the year the award is given or the fall of the previous year. The nominee shall be a member of ASCE in Region 7.

**Awards Ceremony**

The selected individual will be recognized in 2024 at the awardee’s Section or Branch meeting.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Employer: |  | | | | |
| Address: |  | |  |  |  |
|  | Street | | City | State | Zip |
| Phone Number: | |  | | | |
| Email Address: | |  | | | |
| Current ASCE Membership: Yes       No       ASCE Member #: | | | | | |
| P.E.? Yes or No | |  | | | |
| P.E. Registration State:       P.E. Registration #: | | | | | |

#### Name of the person you would like to Nominate for the Outstanding Faculty or Practitioner Advisor Award?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | Are you a licensed P.E.: Yes       No | | | | | | | | | |
| Employer: |  | | | | | | | | | |
| Address: |  | | | | |  | | |  |  |
|  | Street | | | | | City | | | State | Zip |
| Phone Number: | |  | | | | | | | | |
| Email Address: | |  | | | | | | | | |
| P.E. Registration State: | | |  | | P.E. Registration #: | | |  | | |
| Current ASCE Membership: | | | | Yes       No | | | ASCE Member #: | | | |

#### Nominee ASCE Membership Information:

ASCE Section nominee belongs to:

Colorado Section

Denver Branch  Northern Branch  Southern Branch SW Branch  Western Slope Branch

Iowa Section

Kansas Section

Wichita Branch

Kansas City Section

Nebraska Section

South Dakota Section

Black Hills Branch  Eastern Branch

St. Louis Section

Wyoming Section

**Outstanding Faculty or Practitioner Advisor Nomination Information Section for**:

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

1. Describe the nominee’s ASCE involvement with ASCE Student Members.

2. Provide any other information regarding the nominee to be considered for this award.