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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 of each year

### 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: asceregion7@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:**

Ben Ware - ASCE Region 7 Awards Committee

bware@gbateam.com or 785-371-6616

**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.