

Stuart R. Wenham Young Professional Award Nomination Summary

Nominee Contact Information

Name of Nominee: _____

Affiliation: _____

Position: _____

Address: _____

Phone: _____

Email: _____

Date of FIRST degree completion (must be within 15 years) _____

Nominator Contact Information

Name of Nominator: _____

Affiliation: _____

Position: _____

Address: _____

Phone: _____

Email: _____

Proposed Citation

Submission Type:

Summarize the nominee's achievements upon which the nomination is based (less than 60 words):

Endorsers (up to three)

Endorser 1

Name: _____

Affiliation: _____

Position: _____

Phone: _____

Email: _____

Endorser 2

Name: _____

Affiliation: _____

Position: _____

Phone: _____

Email: _____

Endorser 3

Name: _____

Affiliation: _____

Position: _____

Phone: _____

Email: _____