



REGION C AWARD PROGRAM NOMINATION FORM

*Form must be completed for each nominee. **Please note an incomplete form will remove the candidate from consideration.***

A. Candidate's Information

Name: _____

SWE Section: _____

SWE Membership Number: _____

Home Address: _____

Home/Cell Phone: _____

Home Email: _____

Title and Employer: _____

Work Address: _____

Work Phone: _____

Work E-mail: _____

Education:

School(s) and location: _____

Degrees, year received and majors: _____

Is the nominee a P.E.? Yes No

Is the nominee a E.I.T.? Yes No

For Sustaining Benefactor Award Only

Company Name: _____

Name: _____

Address: _____

Phone: _____

E-mail: _____

B. Nominator's Information (Must be completed for ALL award submissions)

Name: _____

Title and employer: _____

Address: _____

Phone: _____

Email: _____

SWE Section: _____

Relationship to Nominee: _____