

## **Official Award Nomination Instructions CIVIL ENGINEER OF THE YEAR**

To submit a nomination, please supply the following:

- A cover letter, signed by the nominator, supporting the candidate's nomination
- A completed Official Award Nomination Form (attached)
- The nominee's resume or other document which addresses the judging criteria

Entries must meet eligibility criteria.

Please submit all entry materials via email in electronic PDF format. If the entrant is unable to provide an electronic copy their entry may be mailed to the address shown below, but must be received by the deadline.

**Entries Due: August 11, 2017**

Submit completed nomination packages to:

Stephen Altman, P.E., M.ASCE  
ASCE – Central Illinois Section  
Illinois Department of Natural Resources  
Office of Water Resources.  
1 Natural Resources Way  
Springfield, IL 62702  
Phone: (217) 524-1028  
Email: [steve.altman@illinois.gov](mailto:steve.altman@illinois.gov)

Award eligibility and judging criteria, nomination instructions, and forms are all available on the Central Illinois Section's website.

[www.centralillinoisasce.org](http://www.centralillinoisasce.org)

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**ASCE** CENTRAL ILLINOIS SECTION  
**Official Award Nomination Form**  
**CIVIL ENGINEER OF THE YEAR**

Indicate the category this nomination should be considered for by checking the appropriate box below.

- Civil Engineer of the Year
- Government Civil Engineer of the Year
- Young Civil Engineer of the Year

**Nominee's Information**

Name (exactly as it should appear on plaque)

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Title

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State License Type and Number

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Employer

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Street Address

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City, State, Zip

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Phone

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Email

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Provide ASCE Membership Grade:

- |   |   |
|---|---|
| <input type="checkbox"/> Distinguished Member (Dist.M.ASCE) | <input type="checkbox"/> Associate Member (A.M.ASCE)  |
| <input type="checkbox"/> Fellow (F.ASCE)                    | <input type="checkbox"/> Affiliated Member (Aff.ASCE) |
| <input type="checkbox"/> Member (M.ASCE)                    | <input type="checkbox"/> Student Member (S.M.ASCE)    |
| <input type="checkbox"/> Not an ASCE Member                 |   |

**Nominated By:**

Name

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Title

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Employer

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Street Address

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City, State, Zip

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Phone

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Email

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Provide ASCE Membership Grade:

- |   |   |
|---|---|
| <input type="checkbox"/> Distinguished Member (Dist.M.ASCE) | <input type="checkbox"/> Associate Member (A.M.ASCE)  |
| <input type="checkbox"/> Fellow (F.ASCE)                    | <input type="checkbox"/> Affiliated Member (Aff.ASCE) |
| <input type="checkbox"/> Member (M.ASCE)                    | <input type="checkbox"/> Student Member (S.M.ASCE)    |
| <input type="checkbox"/> Not an ASCE Member                 |   |