|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Information for Person Submitting Entry:** | | | | | | | | | | | |
| **Name** |  | | | | | | | **Date** | |  | |
| **Title** |  | | | | | | | | | | |
| **Mailing Address** | | | | |  | | | | | | |
| **City/State/Province/Country** | | | | |  | | | | | | |
| **Zip/Postal Code** | | | | |  | | | | | | |
| **Email Address** | | | | |  | | | | | | |
| **Telephone Number (include country & city code)** | | | | | |  | | | | | |
| **Relationship to entry submitted** | | **Co-worker/colleague**  **Subordinate**  **Advisor/instructor** | | | | | **Supervisor**  **No relationship**  **Other (specify):** | | | | |
| **IAEM Membership Status** | | | **IAEM Member** (no fee for submission)  **Non-member** ($75 fee for submission) | | | | | | | | |
|  | | | |  | | | | | | | |
| **Entry Submission Information (not eligible for self-nomination):** | | | | | | | | | | | |
| **Name of Person Nominated** | | | | | |  | | | | | |
|  | | | | | | | | | | | |
| **Contact Information for Award Nominee (not eligible for self-nomination):** | | | | | | | | | | | |
| **Name of School** | | | | | |  | | | | | |
| **Mailing Address** | | | | | |  | | | | | |
| **City/State/Province/Country** | | | | | |  | | | | | |
| **Zip/Postal Code** | | | | | |  | | | | | |
| **Email Address** | | | | | |  | | | | | |
| **Telephone Number (include country & city code)** | | | | | |  | | | | | |
|  | | | | | | | | | | | |
| **Nominees cumulative G.P.A.**  \*\*Note, if you do not know the G.P.A, you can still submit this application. The nominee may be asked to submit their G.P.A or transcript. | | | | | | | | | | |  |
|  | | | | | | | | | | | |
| **This nominee meets all of the eligibility requirements as listed in the Awards Guidelines?** | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | |
| **This nominee was a member of the IAEM during the applicable calendar year listed in the Awards Guidelines?** | | | | | | | | | Yes  No | | |

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| **Contributions to IAEM** ‐‐ describe significant contributions in promoting the IAEM and the Student Council or Student Region within a country council. How has this person assisted with increasing IAEM membership and demonstrated leadership? (Maximum 200 words) |
|  |
| **Contributions to the profession** ‐‐ describe significant contributions in the field of emergency management that support increasing professionalism? What accomplishments have been achieved and recognition won? (Maximum 200 words) |
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| **Initiative in education and academic achievement** ‐‐ describe academic and professional courses completed that are beyond the scope of ordinary course scheduling and/or taught others about aspects of the profession. Describe academic achievements. (Maximum 200 words) |
|  |

**Nominations for the IAEM Global Awards *must* be submitted on this official nominations form. This form and any supporting letters of endorsement must be emailed to Rebecca Campbell at** [**RCampbell@iaem.com**](mailto:RCampbell@iaem.com) **no later than the deadline listed on the Student Awards Guidelines.**

**Entry Fee:**

* There is no entry fee for current IAEM members who submit entries.
* If a non-member wishes to submit an entry, there is a $75 entry fee per entry.

**IAEM Administrative Procedures:**

* **IAEM members who use their membership status to submit an award nomination at the request of a non‐member** in order to avoid payment of the entry fee are in violation of the IAEM Code of Ethics.
* **Non‐members may ask an IAEM member to submit an entry on their behalf; however, the non-member entry fee will apply**. Non‐members who join IAEM within 60 days of submitting an entry may discount their membership fee by the amount of the entry fee.

Non-member entry fees must be remitted (with a copy of the official entry form) to: IAEM, Attention: Sharon Kelly, 201 Park Washington Court, Falls Church, VA 22046-4527.

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| **Payment Information for non-members:**  (You may pay the entry fee via credit card; IAEM accepts VISA, MasterCard, American Express and Discover) | | |
| **Name of Credit Card Holder** |  | |
| **Credit Card Number** |  | |
| **Type of Credit Card** | **VISA**  **MasterCard** | **American Express**  **Discover** |
| **Expiration Date** |  | |
| **Security Code** |  | |
| **Billing Address (line 1)** |  | |
| **Billing Address (line 2)** |  | |
| **City/State/Province/Country** |  | |
| **Zip/Postal Code** |  | |