**Submitting a Nomination**

* Nominations must be submitted using this form.
* Anyone may nominate a person who they believe is deserving of one of the ANS NCSD awards.
* The nominee must be a member of NCSD.
* Individuals who were nominated in the past and were not selected may be re-nominated.
* Ensure the information on the form is complete and accurate.
* Send nomination form and supporting documents to James Cole at jrcole@sandia.gov by July 30th.

**AWARD (please check one)**

NCSD Distinguished Service

NCSD Technical Excellence

NCSD Outstanding Contribution

A description of the award criteria and list of past recipients are located on NCSD website at

<http://ncsd.ans.org/honors-and-awards/>

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| --- | --- | --- | --- |
| Section 1 – Nominee Information | | | |
| Name |  | | |
| Company |  | | |
| Title/Position |  | | |
| Address |  | | |
| Telephone |  | | |
| E-mail |  | | |
| Section 2 – Sponsor Information | | |
| Name | |  |
| Company | |  |
| Title/Position | |  |
| Telephone | |  |
| E-mail | |  |
| Connection with Nominee | |  |

|  |  |
| --- | --- |
| Section 3 – Nomination Details | |
| Nominee Name: |  |
| **In the space below, describe the service and achievements of the nominee as they relate to the award. Specifically address what makes the nominee’s service and achievements stand out above and beyond that of their peers, or above and beyond what might reasonably be expected as part of their paid employment.** | |
|  | |
| **In the space below, please provide a short citation summarizing the information provided above that may be used on the nominee’s plaque (if selected for the award).** | |
|  | |