# 2024 Young Engineer of the Year Award Nomination Form Checklist

1. Email PDF of completed application form and information outlined in Item Nos. 2 and 3 to the ASCE Mohawk-Hudson Section no later than **April 30th, 2024**. Email should be addressed to Leo Fioravanti, P.E., M.ASCE, section president-elect at mohawkhudsonasce@gmail.com.
2. Provide a brief biographical sketch of the candidate’s employment and experience since formal education.
3. Attach the following as the basis for nomination of the candidate. This information should appear in a format similar to that outlined below.
	1. Education and Collegiate Achievements

Include undergraduate and advanced degrees (date, major, institution), honorary societies (society, office held) scholastic awards, organizations (name, office held), and other activities.

* 1. Professional Society Activities (national, state and chapter levels).

List offices held and committee assignments, and awards at each level

* 1. Technical Society Activities

List offices held and committee assignments

* 1. Civic and Humanitarian Activities

List offices held and committee assignments

* 1. Continuing Competence

List graduate studies (courses, dates) short courses and seminars, and papers published (article, journal, and date)

* 1. Engineering Achievements

Include current position (title, company or institution), responsibilities (number of subordinates, annual budget), accountability (position, function, nature of challenge) patents applied for and awarded.

* 1. Professional Experience

Dates of employment, employer/location, and description of duties

1. Applicants must be ***35 years of age or younger as of January 1, 2025 to be eligible***. Applicant must be an ASCE member.

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|  | AMERICAN SOCIETY OF CIVIL ENGINEERS MOHAWK-HUDSON SECTIONRegion 1 |  |

# 2024 Young Engineer of the Year Award Nomination Form

*Please type or print clearly.*

# Candidate Information

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Name: |  | Date of Application: |  |
| Home Address: (Street) |  | Licensure: (State) |  |
| (City, State Zip) |  | (Classification) |  |
| Date of Birth: |  | (License No.) |  |
| Daytime Phone No.: |  | Email Address: |  |
| Fax No.: |  |  |  |
| Candidate's Signature: |
| Date: |

**Sponsor Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Sponsor Name: |  | Daytime Phone No.: |  |
| Email Address: |  | Fax No.: |  |
| Sponsor's Signature: |
| Date: |

**Section Representative Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Section Representative |  | Daytime Phone No.: |  |
| Email Address: |  | Fax No.: |  |
| Section Representative’s Signature: |
| Date: |

*Please refer to nomination checklist for additional information that should accompany this nomination form. Email a PDF copy of the completed application form and additional* *information to* *mohawkhudsonasce@gmail.com*