

# TMS Brimacombe Medalist Nomination Form

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### NOMINATION DEADLINE

April 1

#### **AWARDS SELECTION PROCESS**

This mid-career award recognizes individuals with sustained excellence and achievement in business, technology, education, public policy, or science related to materials science and engineering and with a record of continuing service to the profession.

Nominee must be a current professional member of TMS and have been a member for at least five consecutive years.

Nominee may not reach his/her 50th birthday by December 31 of the year in which the initial nomination is made.

For a complete list of criteria and nomination requirements, please visit the individual award pages available at www.tms.org/awards.

## NOMINATION MATERIALS ARE CONFIDENTIAL.

DATE SUBMITTED
NOMINEE:  □ Dr. □ Professor □ Mr. □ Ms. □ Mrs.
Last Name
First Name
Birth Date
Title/Position
Employer
Address
City
State
Zip/Postal Code
Country
Telephone
E-mail
Nominee's TMS Member #
Which division affiliation?
□ EPD □ FMD □ LMD □ MPMD □ SMD

#### **JUDGING**

Judging of the nominations will use a 100-point scale, of which 35 points will be allocated to service activities and 65 points to the candidate's career achievements. All subcommittee members will judge each nomination using this 100-point scale unless there is a conflict of interest in which case a subcommittee member may abstain from judging a particular nomination.

#### NOMINATION PACKET

PRINCIPAL NOMINATOR:

Member of TMS? ☐ Yes ☐ No.

If Yes, TMS Member #

□ Dr. □ Professor □ Mr. □ Ms. □ Mrs.

In addition to this completed nomination form, the nominator should include no more than four pages. The first page being an abbreviated resume of the candidate to include date of birth, educational background, positions held, and other information describing the candidate. The second page to describe the most significant career achievements of the candidate; the quality of these achievements is more important than the quantity. The third page to describe the candidate's service to the profession; separate sections may describe service to TMS as distinct from other service activities. The fourth page to provide brief testimonials relating to the candidate's achievements and service to the profession.

Last Name	
First Name	
Employer	
City	
State	
Zip/Postal Code	
Country	

Telephone

# TMS BRIMACOMBE MEDALIST NOMINATION FORM

As the nominator, do you sit on any committees or panels that are
charged with selecting the recipient of the award for which the above
candidate is being nominated? ☐ Yes ☐ No
If yes, please list all such committees or panels.

## **CITATION**

Cite in 25 words or less the highlights of the nominee's contributions, or qualifications, for the specific honor/award. For use on certificate and award piece.

Award nomination is valid for three years provided it meets criteria for the award each year.

# E-mail this form and supporting documents together to:

Awards Program Administrator awards@tms.org

If you have any questions, contact

**Deborah Hixon** 

Phone: 1-724-776-9000 ext. 232

E-mail: hixon@tms.org